the essential guide for parents

"Did I Handle It Right?" PAGE 114

AUGUST 1999

The #1

Discipline Tool to Better

Behavior

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What to Do if Your Child Gets Lost

Health Updates

- BURNS
- **CIRCUMCISION**
- **BABY VISION**

9 Ways to Transform A Picky Eater

DEAR HEIDI S SALON:
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ON HOW YOU CAN RECEIVE
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^{*3.3} million cases of chickenpox per year in children under 15 years of age in the United States from most recent data (1980–1990)
References: 1.) Conrad, D.A.: New and Improved Vaccines, Postgraduate Medicine (Vaccines): 114. October, 1996. 2.) CDC: Prevention of Varicella:
Recommendations of the Advisory Committee on Immunization Practices (ACIP), MMWR 45 (RR-11): 1-36, July 12, 1996.

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august

Child Exclusive

28 TOO BIG TOO SOON? Over the past two decades, the number of overweight children in the U.S. has risen by more than 50%. As a result, serious health conditions threaten even young kids' lives. By Charles W. Schmidt . . .

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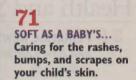
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Your Child Now

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> Articles are coded to help you find those that specifically deal with issues relating to the age of your child.

■ BABY/PREGNANCY ■ TODDLER ■ PRESCHOOL ■ SCHOOL AGE ■ PRETEEN



OUR GROWING CHILDREN Too many U.S. kids are overweight-and health risks are gaining on them.



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august Child

"Early exposure is important, but what matters most is interacting musically. From lullabying babies to sleep to playing pat-a-cake, music and rhythm are natural ways to communicate."—*Marisa Fox, page 66*

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ON THE COVER Dylan of WeeWilly's wears cotton overalls, \$80, by Bonpoint. Hat, \$10, by Talbots Kids. Photography by Paul Lange.

www.childmagazine.com Log on to Child's Web site and talk with our experts, chat with other parents, and find answers to all your child-raising questions.

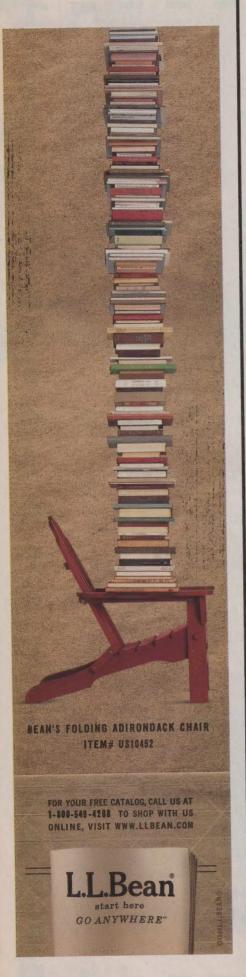
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Your Move



ONE OF THE TRUE PLEASURES for me of being a mom is sharing my passions with my children-and it's especially sweet when they learn to love what I love. Together, my boys and I read, cook, listen to music, and go to movies and baseball games. But I think we're most passionate about playing games. I grew up in a game-playing family. We spent countless hours hunched over a board game or around a card table, rolling dice, moving pieces, and dealing cards. Absorbed in seemingly endless games of Clue, Scrabble, Monopoly, Spy Ring, and Michigan Rummy, we felt closer than ever to each other.

Luckily, I married a man who loves games, too. On family weekends, you'll find us all—my parents, siblings, husband, and children (well, Mickey, anyway), up way past midnight finishing a 20-hand round of Wizard, or waking up on a Sunday and resuming the Boggle tournament before breakfast.

At 4, Jamie is joining in, and right on

time, according to this month's Age by Age column by Dr. Ava Seigler ("Let the Games Begin!" page 60). "Emerging mental and physical maturity makes it possible for [preschoolers] to focus, sit still, and concentrate," she explains in this insightful article about the benefits of games. Jamie's a big fan of Guess Who? and Trouble and loves to play Uno before bed.

Mickey's favorite games these days are Set (a card game of visual perception), Palabra (kind of like word poker), and TriBond (in which you guess what three things have in common). As they play, my kids hone their critical thinking, logic, and counting and reading skills. Game-playing helps kids sharpen their competitive edge and learn how to cope (graciously) with defeat, both of which should serve them well as they grow up.

DISCIPLINE ADVICE

New this month is the column "Did I Handle It Right?" (page 114). You'll read about an 18-month-old who bit another child. Mom handled the situation, but then second-guessed herself. We took the entire episode straight to a child development expert for bottom-line advice: How should an incident like this be handled? If you have a parenting technique you'd like us to explore, write to me at my e-mail address, below. And send us your comments about anything else in the issue. Your ideas help to sharpen our competitive edge and keep Child fresh.

Pamela Abrams
Editor in Chief
pam@childmagazine.com





Attention, parents of cute kids!

If you'd like your child's snapshot published on this page, send your cutest picture, along with child's full name, age in photo, city, state, and daytime telephone number, to Child Readers' Snaps, 375 Lexington Ave., New York, NY 10017. Submissions become the property of Child magazine. (Sorry, photos cannot be returned. You'll be contacted if we publish your photo.)

Editor's Giveaway

Free ice cream for a year!

Your next year could be a sweet one, if you enter this month's sweepstakes and win 52 weeks' worth of Ben & Jerry's. Whether it's heavenly ice cream or guilt-free Frozen Smoothies, the variety will keep your whole family happy. And with a pint each week for a year, you can try them all. To enter, see page 122 for details.



made with a kiss of honey

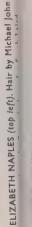


and a big hug from Mom.



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Recall Alert

AS THE PARENTS of the little boy who died because of a recalled product, and whom you profiled in your February Child Exclusive, "Safety Warning," we were gratified by the many responses we received. Readers sent their condolences and accolades and told us about the recalled products they found in their own homes. They were astonished to learn that millions of children's products are recalled every year and that most people never hear about these recalls. This startling fact compelled us to create the nonprofit organization Kids in Danger after we learned that our son died in a portable crib that had been recalled five years earlier. Since Danny's death, we have been funding the activities of Kids in Danger with our family savings and contributions from those who know us personally. Many Child readers asked if they could help-and indeed they can. Tax-deductible contributions can

be sent to Kids in Danger, P.O. Box 146608, Chicago, IL 60614-6608. Thanks for helping us to save lives. -Linda Ginzel and Boaz Keysar, cofounders of Kids In Danger, Chicago

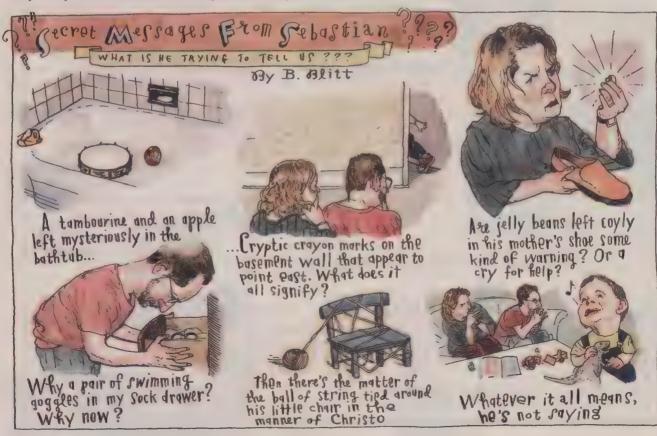
Praise for Child's Reader Issue

WHAT AN ISSUE! The special April edition really put a face I could relate to in every item. In each picture, I saw me-someone who is trying very hard to raise his or her children well. I found myself reading pieces that I normally would have skipped because the individual families interested me. Thanks again—I hope that this is a lasting format for Child magazine. I loved it because of the reader participation. -BubbaLytle@aol.com

safety warning I HAVE NEVER written to Child before, but the April reader issue was so wonderful that

I had to tell you how pleased I was.

I felt such a connection to the entire issue because it was all from and about parents who are dealing with and going through the same experiences that I am. After reading an article, I'd say, "That was great, definitely my favorite," and then I'd read the next one and say the same thing. I was thrilled with the entire reader issue and look forward to next year's. Thanks for a great magazine. —Lisa Hallam, grizzly@msn.com



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feedback

I READ EVERY ARTICLE in the April reader issue and even had trouble putting down the magazine to go to bed. All of the stories were well written, interesting, and more important, real! They appealed to me—a mother with real problems. I hope *Child* will continue to use ideas that are submitted by readers. The special issue used an innovative approach to discover its readers' interests. Great job! —*Nancy Bielenberg, Atlanta*

Time to Decorate

I APPLAUD "My Favorite Room" (April). It came just as I was about to embark on designing my soon-to-be 2-year-old son's "big boy" room. He loves all cars and trucks. I have searched dozens of magazines, idea books, and even children's furniture stores for the perfect boy's room, but to no avail. The best part of your feature was that it contained so many ideas for decorating a boy's room—which are difficult to find.

It was a welcome relief from the many girls' rooms that so often rule decorating magazines and books. Thank you. —Lisa Spraggins, Houston, TX

Cooking Delight

I TRIED the Super Southwestern Beef Bake, a 20minute reader recipe that

was featured in "Dinner Is Solved" (April). My family loved it! I can see why it won the grand prize in *Child*'s recipe contest. —jguy26@gte.net

Food Allergy Precautions

THANK YOU SO MUCH for the article "Living With a Food Allergy" (April). My 6-year-old son, Connor, has lived with food allergies his entire life, including a life-threatening peanut allergy. While on vacation last year at Walt Disney World in Lake Buena Vista, Florida, he had the most severe

White one may have the first was 500 to 100 to 100

allergic reaction, anaphylaxis, and almost died. Because of the immediate response of several Disney employees and emergency medical supplies like epinephrine, the incident did not become deadly. I have since copied *Child*'s article and distributed it to my son's teachers and to his playmates' families. I will also keep it in our file to continually educate the people in charge of my son's health and wellbeing. Thank you for the wonderful service you have done with this article. —*Lisa Kanazawa*, *Danville*, *CA*



Power of the Past

This month's pick, Sue Miller's acclaimed new novel While I Was Gone, brought many insightful responses from readers. Here's what several of you thought:

I couldn't put this book down. I found I could relate to the main character, Jo, in many ways. It made me think about the difference between how we perceive ourselves and how others perceive us. The book also reminded me of how we tend to romanticize the past. When Jo meets this man from her past, she is ready to throw away her perfect life and marriage to try to recapture that time. It really shows how moments in our life can change our path forever. —Kaye Miller, Oklahoma City

As a stay-at-home mother with a forgotten prior life of my own—respected professional, S.W.F. (sexy woman with figure)—I can relate well to Jo's desires to abandon the banality of daily life and escape into irresponsibility. The utter lack of romance in a mom's life is

enough to make one dream of escape!

The irony is that, like Jo, by the time my nest empties, I may have forgotten the pleasures of an independent life. Perhaps I also will have to seek out drama in order to fill the void that grown children leave. I can only hope that I will be able to successfully balance the ache of missing the family lifestyle with the pleasure of rekindling life à deux. —Pamela Victor, Rock Tavern, NY

It was hard to understand why Jo tired of her great marriage. Maybe it would have been easier to sympathize with her if the relationship had been rockier to begin with. —Carol Hollier, Astoria, NY

Don't let the past swallow you up! That's the theme that surfaced in *While I Was Gone*. It's fine to revisit the past from

time to time. But remember, as Jo did, to treasure the present and the wonderful gifts—

husband, family, friends—you have. —Joanne Sjostedt, Copperas Cove, TX



SUE MILLER

Want to Read With Us?

The next Moms' Book Club selection is Mona Simpson's A Regular Guy (Vintage Books), the story of a young girl who finds the father whom she never knew. Here are two questions to ponder while reading the book:

I.What do you think of Owens's initial reaction to finding Jane on his doorstep? Why is he so distant in the first years of their relationship?

2. Do you think Mary should have made clear why

she was sending Jane away? Jane doesn't seem to blame her parents for their actions. Should she?

Send us your comments by July 28, and look for them in our October issue. Address them to: Moms' Book Club, Child Magazine, 375 Lexington Ave., New York, NY 10017; fax: 212-499-2038; e-mail: childmail@childmagazine.com. We pay \$50 for published responses. Submissions become the property of Child magazine and may be edited

child.link Join author Sue Miller and the editors of *Child* magazine for a live on-line chat on Wednesday, July 28, from 4 p.m. to 5 p.m. ET at www.childmagazine.com. Check our Web site for details.



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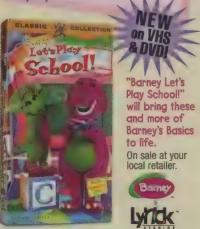
"Barney's Basics"
Always Remember...

FRIENDS TAKE TURNS

School is so exciting, with new things to learn! Teachers remind their students that by giving others a turn, they're showing a friendly consideration for their feelings. You can help your child learn by using a take-turns policy at home. He'll learn that taking turns is a great way to make and keep friends for a lifetime!

CLEANING UP

Playing and learning can be a messy business. If your child is like most, cleaning up is not her favorite activity. You can help her develop good habits by turning it into a game—like "See if you can pick up toys and hop on one foot!" With a little creativity, cleaning up can become another fun part of your child's busy day.



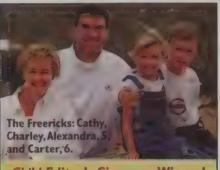
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feedback

New Faces of Parenthood

THANK YOU for including gay parents in your reader issue. It's about time gay couples were recognized as loving parents. My husband and I have a beautiful daughter whose godparents are a gay male couple. She adores them. I know you will proba-

bly receive letters from some disapproving readers, so here is what I would say to them: There are many more gay parents in this country than you may think. As gay couples' decision to have children becomes increasingly accepted, more of these families will be formed. These men and women obviously want to share their homes and hearts with children, and they should. Making the decision



Child Editor's Giveaway Winner!

Cathy Freericks, of Scottsdale, Arizona, knows that \$500 worth of sneakers could last her kids a long time, but she plans to donate part of her winnings to her children's school instead. "Each year they hold a silent auction to raise money for school programs, and community members bid on donated items," she says. This year, she hopes her sneaker donation will help fund quality education. For the Editor's Giveaway this month, see page 10.

to have children should be about love. If you don't think gay parents can offer a child a loving, healthy home, then you don't know what love really is. I support these parents 100%.

—Audrey Harrison, Watauga, TX

I WAS DISAPPOINTED and deeply saddened by *Child*'s decision to submit to the politically correct notion that homosexuals somehow fit into the parenting spectrum. I was one of the thousands of readers who entered your search-for-a-guest-editor contest, and, quite frankly, I'm glad I was not



chosen. Had I been, I would have been required to embrace your worldly views and, ultimately, would have had to decline. —Name and address withheld

Kids and Fake Tattoos

YOUR PHOTO of a toddler covered with skeleton tattoos gave me the willies ("Summer Pleasures: Step Right Up," June/July). Step right up

to what? Death? What message were you hoping to send with this photo? In the aftermath of the Littleton, Colorado, massacre in which students fascinated with death and guns killed their classmates. I can't believe Child would publish a photo like this. Little children need to be protected from evil, not encouraged to wear it on their chests. As you've stated in vour own magazine, children learn from everything they see their elders do. If we, as their elders, cover their little bodies with images of death and then call it fun, what values can we expect them to embrace in the future? - Janet Morgenstern, Lawrence, Kansas

Editors' Note: We apologize for having offended some readers with the tattoo images used in our carnival booth story. The idea was inspired by the current kid craze of washable tattoos. One reader suggested that we could have used dinosaur or flower tattoos in our photo rather than the skull-and-crossbones images. Sorry we didn't think of that first.

Give us your opinion of this month's articles

Write to Child Magazine, 375 Lexington Ave., New York, NY 10017, e-mail us a childletters@childmagazine.com, or fax us at 212-499-2038. Include a daytime phone number. Letters may be edited for length and clarity. Responses become the property of *Child* magazine.

your opinion

Should parents smoke or drink in front of their children?



I think drinking in moderation is okay. As for smoking, I've taught my kids that it's not a

healthy habit, but it doesn't mean the person is bad—since my kids see my mom smoke. Tolerance is important, too. —Laura Gibson, Gilbert, AZ



While it's hard to shelter kids from the behavior of family and friends, parents should set the example for their children. Parents need to teach their kids that smoking and drinking are unacceptable. We don't want to undermine that by doing exactly what we tell our kids not to do. —Grace Arrogante-Orzillo, North Brunswick, NJ



Adults should be having more juices and nonalcoholic beverages at family parties. My hus-

band and I drink alcohol only on special occasions maybe a glass of wine. We don't go overboard. My 2½-year-old son certainly knows the difference between a glass of grape juice and a glass of wine. —Erika Kovacs, Albany, NY



Absolutely not. You are your child's advocate. As a hostess and mom, I ask my guests not to

smoke and to limit their drinks when my son is around. Drinking is never an option when driving is involved, for everyone's safety. —Hillary Johnson, Logan, UT



Kids shouldn't ever be exposed to smoking because of all the health risks. As for drinking.

children will learn more from what they observe—responsible drinking—than from listening to a lecture. —Sandi Webster, Mount Dora, FL

Calling all parents!

If you'd like to be interviewed, send a close-up photo of yourself, along with your name, address, telephone number, and the age and the sex of your child(ren), to Your Opinion, Child Magazine, 375 Lexington Ave., New York, NY 10017. (Sorry, photos cannot be returned.) We pay \$50 for published responses. All submissions become the property of Child magazine.





playful learning

he ocean or a lake with your preschooler? Toss a magnifying glass and small fishnet in with the sand toys and take advantage of the countless opportunities for scientific exploration. "Science is about observing, analyzing, classifying, and questioning," says Thomas T. Peters, Ed.D., director of a math and science resource center at Clemson University in Clemson, South Carolina. Preschoolers sharpen those skills with each handful of sand they sift through their fingers and every shell they pick up.

SAND SCHOLARS

at the beach, he learns how sand reacts differently when wet and dry. Through hands-on experimenting, he'll discover that if sand is wet but not sopping, he can mold it into solid shapes. Encourage him to see and feel how sand "drinks up" a bucket of water. Write letters in wet sand and watch the waves "erase" them. Sit where the tide breaks and feel the receding waves pull you like a giant magnet (be sure to stay right behind your child). Foster deductive reasoning skills by asking, "What will happen if we build our sand castle too close to the shore?" Examine see that it's made up of bits of rock and shell. As the day goes on, keep an eye on your sand sculpture. Will the ocean wash it away? Will a breeze dry it up or blow it down? These observations show kids how air, though invisible, makes water and sand move.

SHRESIDE DETECTIVES

If your child enjoys collecting shells and other natural treasures, she'll love a scavenger hunt. Give her a small net to see what she can scoop up in shallow water. She'll learn how plants, shells, critters, and driftwood all coexist there.

All nor reathers, crab claw and other prize. Treschooks develop comparison skills as they sort their treatres by category, shape, size, and color and Martha Lane, early childhood program manager at Mystic Scaport in Mystic, Connecticut. Once your child has gathered her beach finds, promote scientific thinking with questions like How do you suppose that got into the water?" How are these shells alike?" and "What has you think this feether.

Ellen H. Parlaphono is a contributing editor to Child and often writes the Playful Learning column







1. If I like it, it's mine.

ROBERT OF MICHELL

- 2. If it might be mine, it's mine.
- 3. If it's in my hand, it's mine.
- 4. If I can take it from you, it's mine.
- 5. If I had it before, it's mine.

- 6. If I'm making something. all the parts are mine.
- 7. If it's mine, it must never appear to be yours in any way.
- 8. If it looks like mine. it's mine.
- 9. If I think it's mine, it's mine.

Excerpted from Me, Myself, and I: How Children Build Their Sense of Self-18 to 36 Months by Kyle D. Pruett, M.D. (Goddard Press).

road test

Luxe Baby Products

Upscale cosmetic companies have introduced new baby lines. The items are costly, so we had moms test some to see if they're worth their hefty price tags. Here's the lowdown: Bath & Body Works Simple Goodness Foaming Baby Bath (\$5, 7 oz.) A pump



dispenser makes this gentle soap mess-proof and fun to use. Bobbi Brown Baby Essentials Body Wash and Shampoo (\$18,7 oz.) Appealing, if powerful, fragrance. Lathers very well. Origins Love Me Tender Baby Lotion (\$14,5 oz.) Fragrance smells oddly adult and goes on thick. Better suited for mom. Mustela Physiobebe (\$13, 10 oz.) This cleanser doesn't require water, so it's ideal for diaper and other sensitive areas. Bulgari Petits et Mamans Eau Sans Alcool (\$38, 4 oz.) An infant cologne that smells just like a newborn. Wear it yourself to remind you of your baby when you're apart.

yen or may?

WITH ALL THE PESTICIDES, SHOULD LITTLE KIDS EAT ONLY ORGANIC PRODUCE?

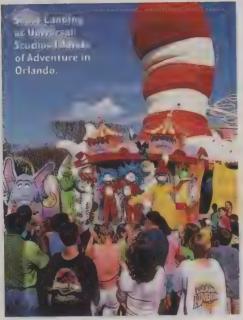
THE CONTROVERSY A recent article in Consumer Reports warned that a number of fruits and vegetables have high enough amounts of pesticides to pose a danger to kids, who are more vulnerable to toxic residues because they are smaller. The article singled out domestic and imported fresh peaches, domestic frozen and fresh winter squash, domestic and imported apples, grapes, spinach, and pears, and domestic green beans and recommended that you purchase these foods only if they have been organically grown. **OUR TAKE** Purchasing organic produce is the best way to ensure your child does



not consume excessive residues, according to Philip J. Landrigan, M.D., chair of the Department of Community and Preventive Medicine at Mount Sinai School of Medicine in New York City and a member of Child's advisory board. But if buying organic is not affordable or convenient, rest assured, says Dr. Landrigan, that the benefits of your child's eating nonorganic fruits and vegetables far outweigh the risks. And since most kids don't eat the same fruit or vegetable every day all year long, pesticide exposure is probably lower than estimated by Consumer Reports. Whether or not you go organic, it's essential to wash fruits and vegetables thoroughly with water to remove as much residue and dirt as possible. Fruits such as peaches, apples, and pears should be washed, then peeled.

childfile

Theme parks that give tiny tots big thrills



heck out these parks of choice for kids 6 and under: At Paramount's Kings Dominion, in Doswell, Virginia, KidZville and Nickelodeon's Splat City offer lots of pint-size amusements, including Rugrats and Hanna-Barbera characters milling about, 10 rides, 2 themed play areas, and a participatory circus show (804-876-5000).

Good old-fashioned fun can be found at **Kiddie Park**, in San Antonio, the oldest children's amusement park in America. There are 10 classic rides, including a 1918 hand-carved carousel and vintage kiddie cars (210-824-4351).

Bugs Bunny and gang call **Six Flags Elitch Gardens**, in Denver, their Rocky Mountain home. Eighteen of the park's rides are kid friendly, and Hook's Lagoon in the Waterpark overflows with kids' activities (303-595-4386).

Preschool television comes to life at **Sesame Place**, a water park and kidpowered playground in Langhorne, Pennsylvania. Big Bird and the bunch play host for 60 interactive wet and dry

activities, plus shows and parades (215-752-7070).

At Holiday World, in Santa Claus, Indiana, the Jolly One offers his lap, tells stories, and interacts with young guests year-round. Rudolph's Reindeer Ranch caters to young kids with seven gentle rides and attractions, including a merry-goround and junior bumper boats (800-GO-SANTA).

A trolley ride runs through a full-size replica of Mister Rogers' Neighborhood at Idlewild Park, in Ligonier, Pennsylvania. Kids get a kick out of 23 rides, 8 water slides, and all the attractions in the Lil' Squirts water play area (724-238-3666).

At newly opened Universal Studios Islands of Adventure, in

Orlando, kids can visit five different islands, such as Seuss Landing, where there's the "Caro-Seuss-el" to ride and real green eggs and ham on the menu, and Jurassic Park, where touching fossils and watching dinosaur eggs hatch are highlights (407-363-8000).

More than 30 million Lego and Duplo Blocks were used to create the new **Legoland California**, in Carlsbad. Enjoy the family rides and the kids' driving school (760-918-5346).

MIDSPEAK

What do you want to be when you grow up?

What kids in the San Francisco area had to say:

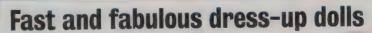
- *I want to be my big sister. -Nadia, 3
- *A daddy! If my legs get up, then I will be bigger. Mommy said I could get bigger than her.—Morgan, 3
- *I want to be a teacher because it's fun because you get to tell people what to do.—Haley, 7
- *I want to be Batman 'cause he's blue.

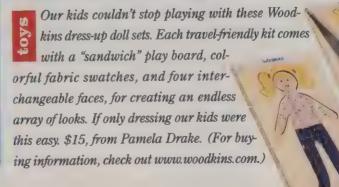
 —Matthew. 3
- *I'm gonna be a dinosaur. I'll go rarrr with my tongue! —Conor, 4



- *I'm going to be monster—a sea monster. They make disgusting noises. —William. 3
- *A Power Ranger, a pink Power Ranger, 'cause Power Rangers do karate.—Maggie, 3
- *I think I'm going to be a veterinarian because I love animals, but it would be sad to see sick animals. I wish I had an animal. —Pippa, 8
- *A man. Then I'll say hi to Mommy!
 —Kahlil, 4

child





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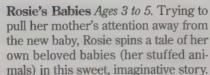
Water Babies: Counting and Colors Ages 1 to 2. As they learn colors and numbers. young kids will be fascinated by the

striking pictures of babies floating happily in an under-

water fantasy world. By Zena Holloway (Scholastic, \$7 each).

Flappy Waggy Wiggly Ages 2 to 3. Splashy and colorful illustrations of

animals and clever riddles presented peekaboo style make this book a winner for any critterloving toddler. By Amanda Leslie (Dutton, \$13).



By Martin Waddell (Candlewick Press, \$16).

Rover Ages 4 to 6. In this clever reversal of roles, a dog spends a day at the beach with his high-maintenance, but lovable,

pet humans: a little girl and her parents. By Michael Rosen (Doubleday, \$15).

Mimmy & Sophie Ages 5 to 7. Two sisters enjoy the simple pleasures of eating Popsicles, drawing with chalk on the sidewalk, and visiting their grandparents in this old-fashioned comic-book style storybook. By Miriam Cohen (Farrar, Straus & Giroux, \$16).



Great play ideas for kids by kids

he new TV show Z Games (which airs Sundays at 5:05 p.m. ET/PT on the Disney Channel) features brand-new games created by children. Here's one of our favorites for kids age 5 and up, called Freeze Football, as played by 6-year-old Jake from Coppell, Texas: Two teams line up on opposite sides of a field and rush each other. A player from one team carries a ball, and the opposing team tries to tag him. When the player gets tagged, everyone freezes and the ball is thrown to another teammate. If the team is frozen three times before crossing the goal, the other team gets the ball. The team with the most goals at the end of 10 minutes wins.

ingenious idea

Do-good diapers

Newborn Pampers now carry an important reminder in an effort to decrease the risk of SIDS: Babies should sleep on their backs.







do it right

Cutting your baby's fingernails

A newborn's fingernails grow very quickly and need to be clipped every two to three days during the first few weeks of life. After that, growth will slow and clipping can be done less frequently on an as-needed basis. The best time to trim your baby's nails is when she's relaxed, such as after a bath or when she's asleep.



- 1. Wrap your baby's fingers in a warm, wet washcloth and hold for several seconds to soften her skin and nails. (A warm bath should also do the trick.)
- 2. With your child sitting on your lap (or lying down if she's asleep), carefully separate her fingernail from her skin by gently pushing down on the pad of her finger with your fingertip. (This will prevent accidentally cutting your baby's skin while you are grooming her nails.)
- 3. Clip your child's fingernail straight across using either a baby nail clipper or baby nail scissors. To avoid discomfort, cut only the part of the nail that extends beyond the fingertip. Take care not to leave any sharp corners on the nail.

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ALMOST 1 IN 5 CHILDREN IN THE U.S. IS OVERWEIGHT AND THEREFORE AT RISK TO DEVELOP SERIOUS HEALTH PROBLEMS, SUCH AS HEART DISEASE, TYPE II DIABETES, AND ASTHMA. HERE'S HOW TO TIP THE SCALES IN YOUR CHILD'S FAVOR.

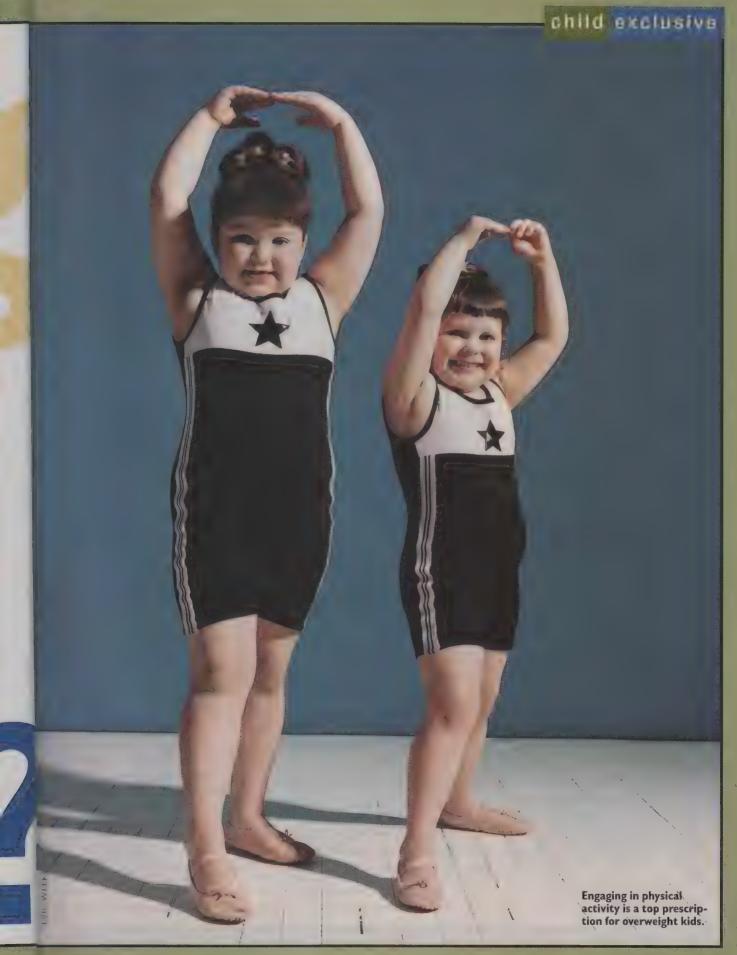
Jared Coffin has always been a big eater. He weighed 8 pounds, 14 ounces at birth and was soon drinking more than four times the national average of 18 to 24 ounces of formula per day. While most children start eating prepared baby food at 4 to 6 months of age, Jared's mother, Tracy Coffin, of Brunswick, Maine, was giving him baby food at 6 weeks because he seemed so ravenous. Now when the family sits down to dinner, 3½-year-old Jared is likely to eat more than both of his parents' portions combined. "It's so frustrating sometimes," she says. "He's just always hungry, never full."

Today, Jared's weight, 48 pounds, is in the 98th percentile on pediatric weight charts, but his recent weigh-in at the pediatrician's office isn't unusual. Almost 1 in 5 children in the U.S. is overweight, and that number is growing, creating a problem that the American Academy of Pediatrics

calls one of the most important public health issues we face today. Oddly enough, there is no commonly accepted definition of overweight in children. Pediatricians generally rely on standardized growth charts to show whether a child falls within the normal range of height and weight. Says Joseph Wren, M.D., a pediatrician based in Brunswick: "If a child has a weight greater than the 85th percentile for her height, then we'd say she's overweight. If she exceeds the 95th percentile, we'd diagnose her as obese."

According to research conducted by the Centers for Disease Control and Prevention (CDC) in Atlanta, the number of overweight children, meaning those above the 85th percentile on growth charts, has increased by more than 50% during the past two decades, and the number of extremely obese children has nearly doubled, nationwide. Pediatricians are worried not only about the rising number of obese children but also about the increase in health problems often linked to obesity. William Dietz, M.D., director of the

BY CHARLES W. SCHMIDT



ohild exclusive

division of nutrition and physical activitv at the CDC, says that up to 65% of obese American children ages 5 to 10 now have at least one additional risk factor for coronary heart disease (such as high blood pressure, elevated insulin levels, or increased cholesterol) and 25% may have two. New data also shows an alarming rise in the number of children with Type II diabetes, an illness that until recently was unheard of in anyone under age 40 but now is increasingly found in children under age 14. Other health concerns potentially faced by overweight kids include asthma, bone problems, and sleep apnea, which is a sudden cessation of breathing for 10second periods while sleeping.

Rebecca Murray, a family nursepractitioner based in Groton, Connecticut, who has counseled overweight kids for more than five years, says that most parents don't want to face up to their child's weight problem. Parental denial is one of the biggest hurdles she faces when trying to treat obesity. "Most of the time, parents come to me hoping I'm going to tell them that it's something genetic," she says.

But the reality is that while genetics plays a role in about 25% of cases, it's not the primary contributor to the surge in childhood obesity. Even though hard data explaining the phenomenon is tough to come by-especially for children in the 4- to 5-year age bracket, in which the increases seem to be most pronounced—experts are willing to speculate about the cause. Childhood obesity is most likely on the rise, says Dr. Dietz, because kids are watching more TV, spending more time with computers and video games, exercising less, and eating more highfat food than ever before. Decreased activity and increased food intake create an energy imbalance in which more calories are coming in than are going out, resulting in fat storage.

EMERGING HEALTH PROBLEMS

One of the most alarming health issues attached to the growing population of overweight children is a sudden increase in pediatric Type II diabetes. Robin Goland, M.D., co-director of the Naomi Berrie Diabetes Center at Columbia Presbyterian in New York City,

says that four times more children are now diagnosed with Type II than were five years ago at the center. Dr. Goland says the rising rate of Type II diabetes and obesity are closely linked: "I've never seen the disorder in a child who wasn't overweight."

Diabetes occurs when the pancreas is unable to produce enough of the hormone insulin to process blood sugar.

the rise in childhood obesity is setting us up for a big jump in adult heart disease." warns Dr. Dietz.

ARE YOU WHAT YOU EAT?

Raising awareness of the reasons underlying childhood obesity is difficult, partly because excess body fat is increasingly seen by parents as reflecting normal body size, says Murray.



Unlike Type I diabetes, which occurs when the pancreas stops producing insulin altogether, the pancreas of a child with Type II produces insulin—but not enough to keep up with the rising blood-sugar levels associated with obesity. Often diagnosed through a bloodsugar or a urine test, Type II is usually treated with changing the diet and increasing activity levels; there may be no need for daily insulin injections if the child's blood sugar can be kept under control. The bad news is that without treatment. Type II diabetes can lead to health problems such as kidney failure, blindness, and poor circulation within 10 to 20 years.

A more imminent risk for patients with Type II diabetes is pediatric hypertension, which is nine times more common in overweight children than it is in children of normal body size. "We're getting our first indications that

Poor eating habits often are rooted in parental views on child nutrition. "I had a patient who would stick a bottle in her baby's mouth every time she started to cry," says Brenda Poirier, a pediatric nurse-practitioner in Brunswick. Children fed in this manner often turn to food as a comfort mechanism and run the risk of never developing normal metabolic cues that tell them when they are actually hungry.

As children with poor eating habits get older, they often exhibit an all-too-familiar pattern known as grazing, or eating continually throughout the day, often in front of the TV set. Coffin, Jared's mother, admits that this is sometimes the case at her house, and she is trying to change her son's eating habits.

Weight problems at a young age can also predict weight problems later in life, points out Dr. Wren, although this rule generally doesn't apply to children

A child who is obese at age 6 has a 25% chance of being obese as an adult. -



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under 3. Most children lose their baby fat at a young age and tend to become thinner until the age of 5 or 6. The point at which they begin to regain fat is known as the adipose rebound. A recent study conducted at the Children's Hospital Medical Center in Cincinnati found that children who reach the point of adipose rebound before age 5 are more than twice as likely to turn into obese adults. The longer the child remains overweight, the worse the prognosis: Kids who are overweight at the age of

12 have a 75% chance of obesity during adulthood.

HOW YOUR FAMILY DOCTOR CAN HELP

Parents who are worried about their child's weight should first consult a pediatrician to rule out any underlying illnesses. Congenital hypothyroidism and syndromes such as Cushing's, Prader-Willi, and Turner's are linked to obesity. According to Dr. Wren, however, children with these conditions usually have other physical features, such as short stature or difficulties with hearing or vision, that prompt the doctor to order lab tests to rule out physical causes for their higher-percentile weight. Pediatricians will also check for blood triglycerides (fats), high blood pressure, and low levels of good" cardioprotective HDL cholesterol-all of which are risk factors for heart disease. In most cas-

es, poor eating habits and lack of exercise are the real problems, and a pediatrician or family doctor will work with parents to come up with a weight management plan geared specifically to the child's needs.

WHY KIDS SHOULDN'T LOSE WEIGHT

Current views on childhood weight management lean toward weight stabilization, which aims to limit weight gain as the child continues to grow in height. Keeping in mind that weight maintenance is an intricate balance between food intake and energy expenditure, the goal of weight stabilization is to avoid excess calories without depriving the child of essential nutrients. Because of the danger of nutrient deficiencies, weight stabilization should be done only under the guidance of a pediatrician, nurse, or nutritionist.

To promote healthier weight patterns, says Dr. Wren, you should first cut back dramatically on TV time. Then begin keeping a diary of the foods that fruit juices—which often are loaded with sugar and calories—to no more than 12 fluid ounces per day. (There are no specific calorie-per-day recommendations for children because of the wide variation in weight and height among kids under 12 years of age.)

Most clinicians agree that, in spite of the best intentions, any weight management plan is doomed to fail if it doesn't involve the whole family. Poor eating and exercise habits are frequently shared by parents and siblings.

and an overweight child will react negatively if he feels that he has somehow been singled out. "Reducing calories is important, but you also need to get kids into a healthy lifestyle," says Dr. Wren. "And start at an early age. Take bike rides or go in-line skating with your kids, for example. Change the habits of the whole family rather than those of a single child. Role models are important to children."

Annabelle Burgess, who at 6 years of age weighs 103 pounds, struggles daily with her weight. Already she finds herself taunted by classmates at school, and she's worried about being too fat. But she and her parents are working hard to keep active and eat well. "Last year, we started to swim almost every night," savs her mother. Patti Burgess, of South Portland, Maine. "We quickly discovered swimming helped her self-esteem. That was one

of the biggest reasons we did it."

If the Burgesses keep exercising as a family, Annabelle may well stabilize her weight soon—a goal that becomes more important as she grows older. Fortunately, Annabelle's parents are encouraging her. With their help, she has a good chance of achieving a more appropriate weight, one that will be good for her self-image—and for her health.

Charles W. Schmidt is a freelance writer based in Portland, Maine.

Six-point strategy for weight management

- 1. CUT CALORIES by avoiding overfeeding at mealtimes. Kid portions may be smaller than you think. For age-appropriate info, go to www.usda.gov/cnpp/KidsPyra/index.htm, or visit www.childmagazine.com and click on "Food."
- 2. LIMIT FAT INTAKE after age 2. Children older than 2 should get no more than 30% of their calories from fat. Serve your child low-fat (1%) or nonfat milk and yogurt, and switch to lean meats and skinless poultry.
- 3. HAVE HEALTHY SNACKS like pretzels, rice cakes, and fruit in your house. Avoid processed, high-calorie junk foods
- CUT BACK ON FAST FOOD. Keep tabs on your child's fast-food meals: restrict visits to no more than once a week.
- 5. ENCOURAGE PHYSICAL ACTIVITY for the whole family. Activity speeds up metabolism, burns calories, and reduces insulin levels. Take children on outings several times a week that include in-line skating, bicycle riding, or walking.
- 6. REDUCE TV TIME gradually, cutting back viewing by onethird to one-half, to the ultimate goal of seven hours per week. Kids spend an average of three to four hours a day watching television. Studies have shown a direct relationship between

Sources: William Dietz, M.D., Mindy Hermann, R.D., Thomas Robinson, M.D.

your kids eat so that your family doctor can get an idea of where changes need to be made in their diet. Invariably, the first items to go are processed foods high in sugar and fat, such as fast-food hamburgers, fries, and super-size sodas in which 1,000 calories can be consumed in a sitting. Replacing high-calorie foods with a diet emphasizing low-fat or skim milk; lean meats, poultry, and fish; and vegetables and cereals is essential to effective weight control, he says. Parents should also limit sweets and desserts, as well as

and a child who is obese at 12 has a 75% chance of being an obese adult.



pediatricnews

by Barry Zuckerman, M.D., F.A.A.P., and Pamela Meyer Zuckerman, M.D., F.A.A.P.



f your child seems stuffed up yearround, she may have a chronic stuffy nose due to allergies. which can strike kids as young as 2 or 3. Although children may be unaware of the problem, parents and pediatricians usually notice the symptoms: chronic mouth breathing, alteration of a child's voice quality, and frequent drooling past age 2. This type of congestion, formally called allergic stuffy nose, may not just mean your child has allergies. Up to 38% of kids with allergic stuffy nose also suffer from asthma.

In the past 10 years, new

Dr. Barry Zuckerman is chairman of the department of pediatrics at Boston University School of Medicine. His wife, Dr. Pamela Meyer Zuckerman, is a pediatrician in private practice.

prescription antihistamines have been introduced that block allergic swelling and itchiness in the nose without causing drowsiness. Two types of oral medication have been approved for use in children: Claritin, for kids age 6 and up, and Zyrtec, for 2 and up. Newer nasal

sprays, which work best as a last-resort treatment for moderate to severe symptoms of allergic stuffy nose, have proved effective as well. There are now at least three nasal sprays approved for kids over 12, and one, Flonase, is approved for kids: as young as 4. Flonase is absorbed only in tiny amounts from the nose into the rest of the body, making it an optimal choice for kids who don't get relief through oral medications.

The first step for treating children with allergies is to remove or avoid allergens in their environment, such as animal dander, dust mites, and tobacco smoke. When symptoms occur only during allergy seasons (fall and spring), it's best to medicate just during that period, rather than to opt for yearround treatment. In addition to controlling symptoms, allergy medications are thought to keep asthma attacks at bay.

Do's and don'ts for treating burns

There are three categories of burns: First-degree burns cause reddening; second-degree burns cause blistering; and third-degree

burns, which are
the most severe,
cause stark
charring or
whitening of
the skin. If
your child is acci-

dentally burned, follow these guidelines:

DON'T apply butter, Vaseline, or ice. They can make the burn worse and delay proper treatment.

DO reduce the temperature of burned skin immediately. Strip off clothing that is holding hot liquid against the skin. Apply a cool compress (a wet towel wrapped around ice cubes works well) to the burn, or immerse the entire area in cool water for up to 10 minutes to reduce the pain.

FOR THIRD-DEGREE
BURNS, take your
child to the emergency
room immediately.
FOR SECOND-DEGREE
BURNS that are larger
than a quarter, or any
burns on the face or
hands that are the size of
a dime or bigger, see a
doctor. These burns may
need professional treatment to prevent scarring
or restricted movement of
a hand or finger.

FOR FIRST-DEGREE BURNS, after reducing temperature (see instructions under "DO" above), offer acetaminophen or ibuprofen to ease the pain.

Does your child need a hepatitis A shot?

ately, the risks of hepatitis B and C have been the subject of many news stories, but hepatitis A is actually the most commonly reported type of viral hepatitis in the U.S. Hepatitis A is spread when fecal matter from an infected person is transmitted to another through personal contact, food, or water-a reason to be sure you wash produce carefully and teach your kids to wash their hands after using the bathroom. Symptoms are loss of appetite, abdominal pain, nausea, vomiting, fever, and jaundice. The only way to eradicate hepatitis A is universal vaccination. We have a start: The Centers for Disease Control advisory committee on immunization practices now recommends that children in the 11 states where the hepatitis A rate is twice the national average—Alaska, Arizona, California, Idaho, Nevada, New Mexico, Oklahoma, Oregon, South Dakota, Utah, and Washington—be vaccinated against the illness.

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pediatricnews

EMERGENCY OR NOT?

"My son's teeth got knocked into his gums."

Three-year-old Mark tripped, landed face down, and knocked his two front teeth up into his gums. His mother called to ask if he should be taken in for an emergency visit. We asked if Mark had lost consciousness; he hadn't. The bleeding had slowed, and his teeth wiggled a bit but were basically stable. Mark's mom could treat him at home, applying a cold compress and offering cold, soft foods for 24 hours. Baby teeth that are forced into the gums by trauma usually grow back down within a few weeks.

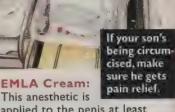
Latest on circumcision

he American Academy : of Pediatrics (AAP) has revised its recommendation on circumcision, saying that although the procedure offers potential medical benefits and advantages, they are not significant enough to recommend circumcision routinely for newborns.

Although some of the data remains consistent (for example, urinary tract infections are about seven times more common in uncircumcised males under age I year than in circumcised males), these medical problems don't occur frequently enough to justify a universal recommendation for circumcision. Also, evidence suggests uncircumcised men may be more easily infected:

with HPV (human papillomavirus), syphilis, and AIDS, but additional research is needed to clarify this.

But for the first time, the AAP also strongly urges that pain relief (analgesia) be provided for every newborn who is circumcised. As recently as 15 years ago, physicians believed that newborns were not sufficiently developed to perceive pain, but evidence now shows undeniably that newborns circumcised without analgesia experience pain. In addition to crying, a baby's heart rate and blood pressure rise along with the stress hormone cortisol. Safe and effective analgesia is available and should be mandatory for newborns who are circumcised. The choices are:



applied to the penis at least one hour before circumcision. According to data, it's a method that's easy to use and provides some pain relief.

DPNB (dorsal penile nerve block): Lidocaine is injected at the base of the penis in two areas. This method works well and is the most widely used. Subcutaneous ring block: Lidocaine is injected at the base of the penis in three separate areas. Research indicates this method may provide the most effective pain relief.

Plain or sugar-coated pacifier: When combined with analgesia, it helps soothe a baby's pain and distress.

our opinion

Drs. Zuckerman

Let's get back to carrying our babies around

When we were growing up in the Fifties, our vounger siblings were carried around

on our mothers' hips. Back then, strollers

were sturdy, rigid, metal devices, and babies had to sit up and hold on while riding. In the Seventies, lightweight, collapsible strollers were introduced that could transport younger babies safely and easily. Convenient, light, and safe carriers have continued to evolve since then, but recently we've been wondering: Are they being overused?

We rarely see infants cradled in their parent's arms anymore. Rather, they are carried into our office in portable plastic "buckets." Older babies arrive and depart in strollers.

Of course, carrying devices are a huge help in the face of our demanding and busy schedules; but remember that it's important, too, to understand the pleasures and the benefits of holding our children. The outward curve of a mom's hip and the broad shoulders of a dad are natural perches for babies while we go about some of our day-to-day business. Holding babies with one arm while we answer the telephone or peruse the mail is an important physical connection

for both children and parents.

Lately we've observed infants being carried in a front pack, facing out with their back to their parent's chest. We think these babies appear to be uncom-

fortable: Their arms and legs are flexed, as babies like to hold them, but there is nothing for them to grab onto. They face out into a bombardment of stimuli-loud noises, passersby, sunlight, wind—and there's no way for them to tuck into a parent's shoulder when they've had enough. Although we have seen no data on this experience, it seems more reasonable that babies have the option to turn toward or away from stimulation as they need to and also that they have their parent

available for visual or tactile contact.

We recently saw a dad who had a cloth sling suspended from his shoulder in which a 5-month-old nestled comfortably within the crook of his arm. The father could see his baby and the baby could

see him as well as the outside world. We believe that when holding your baby is not an option for you, this type of arrangement is preferable.

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(And liquid out of her ear.)



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Babies are especially prone to
ear infections. One reason this
happens is because liquid can
travel into the middle ear
while feeding. Liquid is less
likely to do this when babies
are being

the semiupright position. That is one

fed in

of the reasons we developed the Johnson's Healthflow bottle.

your baby and is recommended by health professionals. If you've decided to supplement breast-feeding with bottle-feeding, the benefits of Johnson's Healthflow design are worth learning about. Our special angle helps keep the nipple ~ and your baby ~ filled with liquid instead of air. The angle also promotes the semi-upright

feeding position which pediatricians believe may reduce the flow of liquid into the ear and the likelihood of ear infections. With a unique design that's best for your baby's stomach, his ear and your peace of mind, is it any wonder it's patented?

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I can't believe I missed his smile.

Cops! I shouldn't have used the zoom.

This shot would have been great if only...

Maybe I should take a photography class.

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when kids get lost

For a safe, speedy reunion, teach your child these simple rules. by Patrick Boyle

turned around and she was gone."
These are words that you never want to hear yourself say, but they're what Peter Banks found himself saying to workers at a drugstore where he had been shopping with his 2-year-old daughter. Banks, a Washington, DC, police officer, was trained to handle frightening situations—but nothing had prepared him for the "sheer terror" that gripped him when his daughter Meredith suddenly disappeared. "What does she look like?" the store manager asked. "My mind went blank," Banks recalls.

The manager made an announcement alerting shoppers to watch for a lost toddler, unaware that Meredith had already gone exploring elsewhere. A shopper happened to go to a neighboring store, says Banks, "and there was my daughter clutching a candy bar."

It happens countless times each day, in stores, amusement parks, beaches, and parks all over the country: Parents and kids lose each other.

In the majority of cases, parent and child will reunite after a little searching and a few tears. But the dangers range from emotional trauma to accidental injury to (in very rare cases) abduction. Arming yourself and your child with a "just in case" strategy will greatly increase the chances that you'll be safely reunited if you do get separated.

Parents must have a plan

Banks, who is now the director of training and outreach at the National Center for Missing & Exploited Children in Arlington, Virginia, says preparation is key. Always carry a current photo of your child to help anyone trying to find her. Write descriptive information such as height and weight on the back. Being able to describe what your child is wearing is equally important.

Help your child learn to say her



name, her parents' names, her address, and phone number. However, remember that a 4-year-old who can recite all that to you may not do so well under the stress of being lost. Until you're sure she has this information committed to memory, write it on a piece of paper that you routinely tuck into her pocket or shoe.

The question of how far to let your child wander from you in a public place is a matter of judgment—consider your child's age, maturity, and the location when deciding. While experts can offer guidelines, they say that parents should always err on the side of caution.

Diana Jones—a Mount Kisco, New York-based psychologist who created a safety workshop for kids called "Run, Yell, Tell"—recommends that when traveling with more than one child and adult, each grownup be responsible for watching specific kids.

If you discover that your child is gone, spend just a few seconds looking in the immediate area—then get help from the nearest employee or security officer. "Don't stand around wondering if you should call security," Banks says. "Call them. If you end up finding your child right away, great."

Kids need three rules

What should your lost child do? He should follow three basic rules: 1) Stay put. 2) Talk to a "safe adult." 3) Don't go anywhere with someone you don't know. The first rule is crucial, says Banks, because parents and other

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searchers will comb the area in which a child was last seen. A wandering child is much harder to find and is more likely to get hurt (falling down a flight of stairs, for instance). In addition, kids should not go with someone they don't know.

Who are safe adults? In general, they are store or park employees and security officers—people wearing name badges and uniforms, says Wendy Gordon, author of *I'm Safe*, a series of children's safety books.

While the basic rules are the same for all kids, your child's age will determine how you communicate those rules and how your youngster carries them out. Remember that discussing the rules once is not enough. Periodically review the guidelines with your child when you're in a public place. Gordon suggests making a game of it, saying, "Let's look for someone with a name badge."

Keep preschoolers in sight

Out in public, 1-, 2-, and 3-year-olds should always remain right next to you, within touching distance. You can allow 4- and 5-year-olds to wander a few feet

away, but Banks urges parents not to let kids this age out of their sight.

When reviewing safety rules with your preschooler, keep them simple. "Stay put" can be explained as standing where she is and calling out for Mom or Dad. Emphasize that she must not go looking for you—that you will find her.

Remember that a lost child's anxiety might be compounded by the feeling that she did something wrong, Banks says. To help put your child at ease, portray getting lost as your problem, not hers. Tell her if she gets lost, a safe adult may ask her what's wrong; she should say that her dad or mom is lost.

Give grade-schoolers clear safety instructions

"It's harder to keep track of children as they grow older," says Susan Slanina of Herndon, Virginia, whose children are 5 and 8. Parents typically give more leeway to kids this age, allowing them to walk several yards away, go to the next aisle of a store, or play in a different section of the playground. "The problem," says Slanina, "is that we think



they're following us or that they're paying attention and know where we are. Then we turn around and discover they've wandered off."

On the bright side, says Jones, "with kids this age, you can be more explicit in your instructions." You can tell your child that if he loses you, staying put means remaining in the immediate



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to here.

area, such as the same department of the store. If he gets separated from you on a busy sidewalk, says Banks, he should go into the nearest store and ask a safe adult for help.

Some 5- to 8-year-olds are mature enough to walk over to a safe adult who's in sight, such as an employee at a nearby cash register. "Tell your child to say, 'My dad [or mom] is lost. Can you help me find him [or her]?" says Banks. But repeat that he should not leave the area to go hunting for a safe adult.

Once again, use role-playing to reinforce the rules. Ask your child to point out safe adults to you. Stress that he is not required to go anywhere with anyone, including to a security office, Banks says. Have him respond, "Mom wants me to stay where I am."

Older kids should remain where they are when lost

Parents often start letting their 9- to 12year-olds out of their sight for longer periods, while still setting guidelines for them. Your child may go to browse in the next shop for 10 minutes or to buy candy at a nearby carnival booth and then come back to you. If you offer such options, Jones advises, make sure your youngster wears a watch, so that she doesn't have to depend on asking other people for the time.

Parents should not stand around waiting for security. Call them.

Staying put if you get separated is still the safest option for your child, says Banks. But you can judge, starting at this age, whether your child is mature enough for the two of you to pick a central place to meet if you lose track of each other in a store, mall, or park. Some kids may also feel comfortable going to a nearby pay phone and calling

911 (for free) or a parent's beeper to report that they are lost, says Jones, So. always make sure your child carries enough change to make a phone call.

A risk here is some kids may feel independent enough to search for a security officer to help find their parents or to go where they think their parents have gone. You can have a detailed conversation with your preteen to explain why such wanderings will make it harder for the two of you to find each other. Explain that it's important to stay in the same area while watching for a safe adult.

Getting separated from Mom or Dad can be a scary experience, but your child will be better able to cope if you've given her the tools to handle the dilemma. "At any age," says Joanne Cantor, Ph.D., a psychologist based in Madison, Wisconsin, "a child who's been given a plan will feel a lot better"—especially once that plan brings you and your child safely together again.

Patrick Boyle, a father of two, is the editor of Youth Today, a national newspaper based in Washington, DC.

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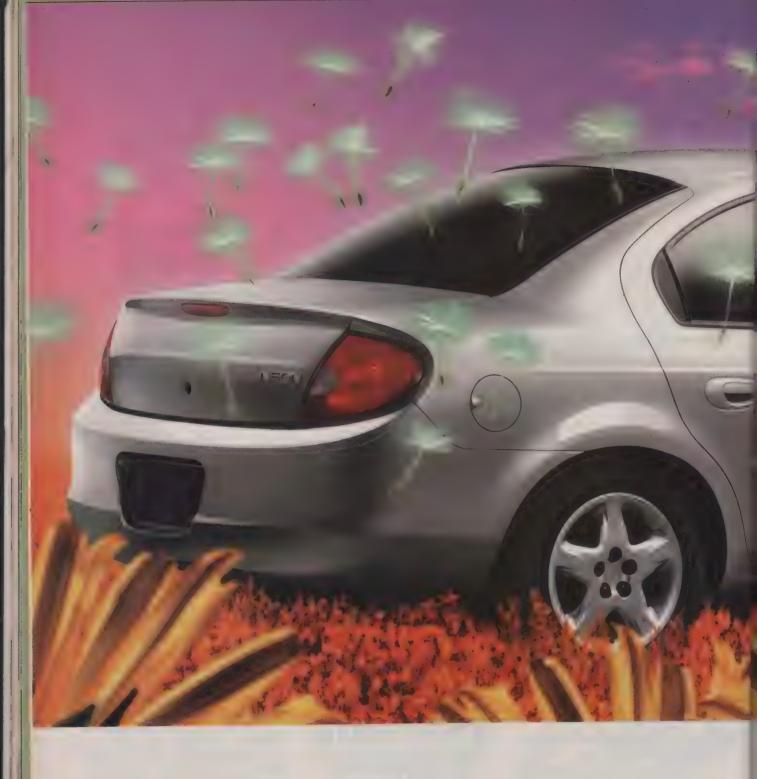
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The news you need right now to protect your child

The dangerous truth about trampolines

Trampoline-related in tries have skyrocketed by a shocking 140% since 1990, according to new data compiled by the Consumer Product Safety Commission, likely as a result of the increased recreational use of trampolines. In 1996 alone, 83,400 injuries were reported. The vast majority of kids' injuries occur on home trampolines, resulting in head and neck trauma and fractured limbs. In response to this news, the American Academy of Pediatrics revised its policy statement and now recommends that trampolines never be used at home, in routine gym classes at school, or in outdoor playgrounds.

Nightlights may cause near sightedness

A new study of nearly 500 school-age children by the University of Pennsylvania Medical Center and the Children's Hospital of Philadelphia found 34% of the kids who slept with a nightlight before the age of 2 developed myopia (nearsightedness). Of those who slept with a room light on at night as infants, 55% developed myopia. Only 10% of the children who slept in full darkness before age 2 developed myopia. Researchers believe that for children under 2 years old (whose eyes are still developing), the presence of light during nighttime sleep may interfere with proper eye development, so it's best to put infants to sleep in the dark.

Foods that could choke your child

Researchers at the Dupont Hospital for Children in Wilmington, Delaware, found that 78% of choking injuries occur in children under age 4. In an eight-year study of 23 U.S. hospitals, nuts, chunks of meat, seeds (such as sunflower, watermelon), chicken and chicken bones, carrots, popcorn, hot dogs, fish bones, apples, and hard candy were the 10 foods most likely to cause choking. Never feed kids under 4 hard foods like nuts or candy. Soft foods, like hot dogs, should be cut into irregular, bite-size pieces (for kids under 1, no bigger than their thumbnail). Safe bets are foods that can be easily crumbled, dissolved, and swallowed.

Ear-tube update

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A study presented at the annual meeting of the American Society of Pediatric Otolaryngology found that inserting tympanostomy tubes for the treatment of ear infections has additional benefits.

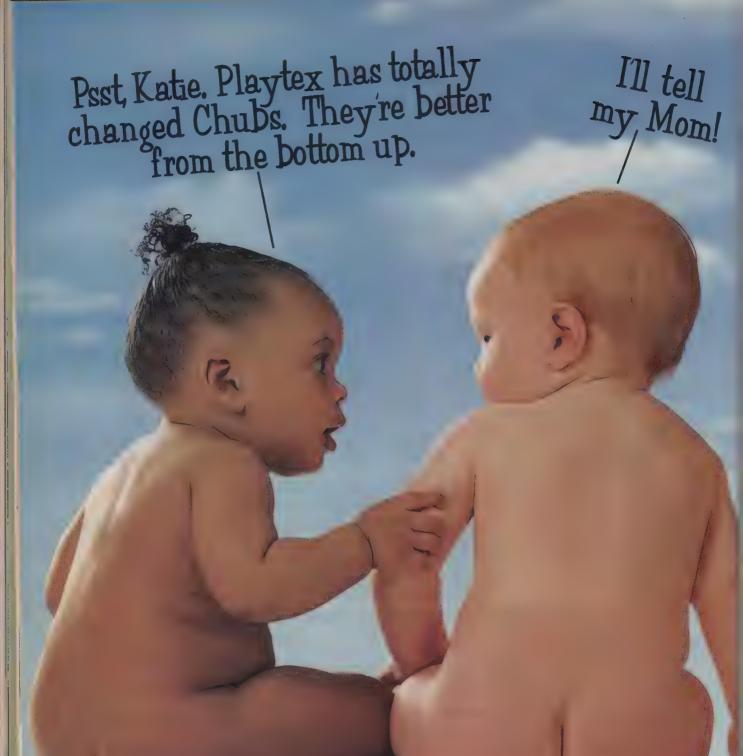
The majority of kids reported a big improvement in hearing, speech, and emotional well-being following the procedure. They also noted fewer limitations of their activities after the surgery. If you're thinking about tubes for your child, the pros may outweigh the cons.

Are grandparents up to speed on child safety?

Not always, says a new survey by the National Safe Kids Campaign. Only 41% of grandparents know that it's essential to check smokealarm batteries monthly and to change them twice a year. And fewer than 44% report having safety latches on drawers and cabinets, although more than 90% of poisonings happen in the home. For more safety information, send a SASE to: Grandparents Guide, NSKC, 1301 Pennsylvania Avenue NW, Suite 1000, Washington, DC 20004.

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Of babies born this year, 1 in 5 will develop skin cancer in his lifetime. Be sure your child uses sunscreen, wears a broad-rimmed hat, and plays in the shade this summer.



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NO LONGER NAPPING

My 13-month-old used to take great naps, but not anymore. Sometimes he'll lie for half an hour and scream: other times he'll wake after 20 minutes. What can I do?

It's likely that one of two scenarios is behind the unraveling of naptime, says Marc Weissbluth, M.D., a pediatrician at Northwestern Children's Practice in Chicago and author of the revised edition of Healthy Sleep Habits. Happy Child. The first possibility: Your child's bedtime may be a bit too late, which can result in a gradual buildup of fatigue. "New research shows that a baby can act fine for a while in a slightly overtired state-say, if he has been missing about half an hour of sleep

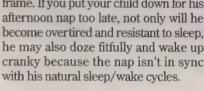
every night," says Dr. Weissbluth. "Then, suddenly, he'll hit his threshold of cumulative sleepiness, as it's known, and his mood and daytime sleep will suffer." In fact, resistance to naps and fragmented sleep are the major warning signs of a chronic buildup of fatigue. The solution is to set an

earlier bedtime. Between 7 p.m. and 8 p.m. is appropriate for a 13-month-old. If your child is already going to bed around 8 p.m., try shifting his bedtime to the early end of the range.

The other possibility is that the timing of your child's afternoon nap is off. Because a natural dip in alertness occurs between noon and 2 p.m., the most restorative sleep occurs when a baby

is put down for a nap within that time frame. If you put your child down for his afternoon nap too late, not only will he become overtired and resistant to sleep, he may also doze fitfully and wake up cranky because the nap isn't in sync

Napping a nightmare? Remember that timing is crucial...



PROMOTING INDEPENDENT **PLAYTIME**

My 22-month-old always wants me to play with her. How can I get her to play on her own more?

If you've gotten into the habit of always playing with your child and find that she can't play without you, try backing off gradually, advises Marilyn M. Segal, Ph.D., a developmental psychologist at Nova Southeastern University in Fort Lauderdale, Florida. One strategy she recommends is engaging in separate-but-the-same activities. For example, tell your child it's time for each of you to make your own block tower. "Go over to her while she's working on hers and say, 'I really like what you've done all by yourself, and now I'm going back to finish mine," she suggests. Try starting a puzzle together, but when there are only two pieces left, say, "I have to think about where the last two pieces go. I'll be back in a few minutes." When you return to the room, your child will probably have completed the puzzle herself. "After enjoying your participation, she'll learn that it's her turn to take over and do her own thing," says Dr. Segal. Another idea: Set up activities that draw kids in for long stretches of time-like molding Play-Doh or making pretend food

The pool/diaper dilemma

I get a little freaked out about letting my child play in a pool that has kids with potentially leaky diapers. Am I right to be concerned about this?

MANY PARENTS ARE MINDFUL OF LAST YEAR'S deadly outbreak of the bacterium E. coli at an Atlanta water park and by recent incidents involving the chlorine-resistant parasite Cryptosporidium. Babies and toddlers are not only more likely than adults to contract a diarrheal illness by ingesting pool wa-



ter with traces of fecal matter, they're also more vulnerable to complications from such illnesses, says Mary Jo DiMilia, M.D., assistant professor of medicine and pediatrics at Mount Sinai School of Medicine in New York City.

While instances of serious illness are rare. it's wise to take precautions at public pools. Ask the pool manager how often the chemical levels are recorded (every one to two hours is

a good standard), but the more crowded the pool, the more frequently the chlorine should be checked, says Michael Beech, Ph.D., an epidemiologist at the Centers for Disease Control. While requiring kids to wear disposable swim diapers helps to prevent formed stool from escaping into the pool, the water may still be contaminated, notes Dr. Beech. Be sure to teach your child not to swallow pool water.

If your child develops diarrhea within two weeks of visiting a public pool. contact your pediatrician, says Dr. DiMilia. Most worrisome is diarrhea that is very watery or contains blood or mucus. In this case, your doctor will want to do a stool culture and monitor your child closely.

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and feeding it to stuffed animals—and be sure to leave the room while your child plays. "When you return to her, say, 'Let me see what you did,' to show her that you anticipate that she'll do things on her own, and you're excited to see them," recommends Dr. Segal.

BOTTLE-WARMING SAFETY

I know I'm not supposed to microwave bottles because of the risk of uneven heating, but it's so quick and easy that I sometimes do it anyway. If I'm careful to shake the bottle and test the formula on my skin, could it still harm my baby?

As you acknowledge, warming a bottle in the microwave is not recommended because of the danger of "hot spots" that could scald a child. Yet some health experts recognize that parents do it anyway for the sake of convenience, notes Christina Stark, M.S., R.D., a nutritionist at Cornell University in Ithaca, New York. In light of this reality, nutrition experts at Penn State University in University Park studied whether nutrients are lost when formula is microwaved. They found there is no significant reduction in the most heat-sensitive vitamins-riboflavin and vitamin C-after microwaving. They believe the same is true for breast milk.

However, while the nutrients may not be lost, breast milk's infection-fighting

The witching hour

Tips on keeping kids entertained while you make dinner from a Sterling, Kansas, mothers' group.

WE CALL DINNER PREP "Pots and Pans Marching Band Time." My kids dig into the cookware drawer and find "instruments" to play.—Sarah Berblinger

I KEEP DRY GOODS on a lazy Susan, so my kids can play "store" or "kitchen" with actual food. I also pull our toy kitchen set into the kitchen, so my toddler can "cook" with me.—Lisa Boersma

I PULL A CHAIR UP to the sink and let my toddler "wash" his plastic dishes. He'll gladly wash dishes for 30 minutes.—Kim Brashear

MY OLDER KIDS OCCUPY THE BABY with an activity like reading or stacking cups while I cook. Or I put the baby in her highchair with some snacks, and she and I "visit." —Cheryl Davis

I PUT OUR SMALL PICNIC TABLE in the kitchen so my daughter can play with Play-Doh and utensils while I prepare our food.—Kristin Robson

properties can be zapped by microwave heating. "Depending on how hot the milk gets—and it's difficult to control the temperature throughout the bottle—some of the antibodies can be inactivated," says Judy Hopkinson, Ph.D., assistant professor at the USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine in Houston, Texas.

If you still choose to microwave your baby's bottles, keep these safety pointers, recommended by the Penn State University researchers, in mind:



Never microwave glass bottles. They warm up faster than plastic bottles do and may crack or explode. Plastic bottle liners can explode when heated, too.

 Heat only refrigerated—not room temperature—formula or milk. Otherwise, you risk overheating it.

Before warming, remove the bottle's cap and nipple to allow heat to escape.

Heat four-ounce bottles for no more in 30 seconds at full power, and eight-cunce bottles for no more than 45 seconds. Never microwave less than four success of milk because it will overheat.

■ After putting the cap back on, shake the bottle gently and test the milk or formula to be sure it's cool to the touch.

Test on the top of your hand—not your which isn't sensitive enough.

Hagan is a contributing editor to

Caning All Parents!

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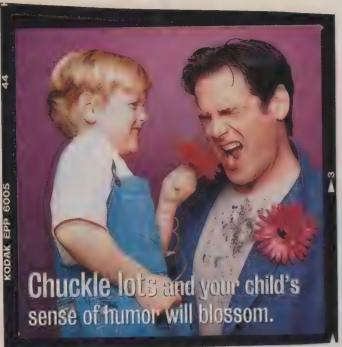
The state of the s

leven-month-old Caleigh Joyce is seated in her highchair in the kitchen of her St. Paul home, spoon in hand, ready for lunch. Her father, Tom Joyce, delivers the appetizer du jour—a plate of sliced bananas—along with the noodle entree and apple juice, then sits down beside his young daughter. Pulling a napkin across his face so that only his eyes show, he summons up his best imitation of the Count, a *Sesame Street* regular: "Ah, my sveet, vee have one-two-three vonderful delicacies on the menu today." His daughter is startled at first, then realizes it's just Dad doing his shtick. She bursts into a grin and laughs heartily. * Ever since Caleigh was a tiny infant, Joyce, a former class clown, has been playing peekaboo, making goofy faces, and impersonating cartoon characters. Both father and daughter have been having a hoot, but he admits a serious purpose. "I think a sense of humor is one of the greatest gifts you can possess," he says. "It'd be great if I could pass it along to her." * Joyce is on the

right track. Research shows that kids who exhibit a healthy sense of humor tend to be popular and confident and have a positive sense of well-being. According to Paul McGhee, Ph.D., a developmental psychologist and an authority

Besides its fun factor, giggling provides surprising lifelong benefits. Here's a guide to what makes your child chuckle.





on humor who's written 11 books on the subject, "Children who laugh easily have a good head start in life."

While humor is a natural human trait, the climate at home helps determine whether it flourishes or withers, Dr. McGhee says. "Kids need support for their humor from Mom and Dad," he explains. "Some parents get annoyed or angry when kids try to be funny. They want them to be serious." So think twice the next time you have the urge to tell your child to stop acting so silly (within reason, of course). It just may develop into one of her greatest life skills.

What babies find funny

Your child's sense of humor parallels his cognitive and language development. Even in the first few months, infants can enjoy one of life's most basic pleasures—the release of tension. For example, your baby anticipates your tickle and then laughs in release when you "blow a raspberry" on his belly.

By the age of 6 or 7 months, your baby is likely to giggle at a game of peekaboo. This is because he now grasps the idea that objects continue to exist when they're out of sight. He's happy to see that you still exist-even when you're out of view-and that you keep coming back when you go away.

With your child's first birthday behind him, he'll start to spot incongruities-the basis of much humor. A 1-year-old chuckles when Dad wears a shoe on his head. He knows where shoes belong! He guffaws when Mom waddles like a penguin. That's not how Mommy walks!

Mix-ups make toddlers howl

At about 18 months, children are able to understand symbolic actions-which means they can pretend that an object is something other than what it really is. says Dr. McGhee. Mom picks up a pencil and pretends to use it as a comb. Kid thinks, "That's not the way to use a

pencil!" and chuckles. Later, Kid picks up a carrot and uses it to comb her hair. The comedic impulse is born: Your child has just made a joke.

Children have an innate desire to play with reality and to rearrange it, says Dr. McGhee. "All parents play this game with their toddlers: 'Show me your nose, show me your eyes.' Then, one day, the child grins and instead of pointing to her nose, she points to her ear."

If you're the parent, you may be tempted to correct your child. But this is the perfect opportunity to play along to encourage your child's imagination and creativity. "So that's your nose, huh? Why don't you smell this flower with it?" you say to provoke more fun.

During the first few years, you can also expect a form of humor unscientifically labeled "Bonk!" Young kids take special delight in physical humorhorseplay, falling-down stunts, slapstick -reflecting their attempts to master walking and moving about, says Amelia Klein, Ed.D., associate professor of early childhood education at Wheelock College in Boston.

Two- and three-vear-olds also enjoy anything that is silly or exaggerated, such as a picture of a cow playing a piano. Things that are different or surprising produce laughs. Children of this age, intending no unkindness, may laugh the first time they see a person eat with chopsticks or walk on crutches.

When riddles kick in

As their verbal abilities improve, young children incorporate language into their comic repertoire. When they learn that something has a name, they delight in misnaming it.

One day, I volunteered to substitute for my son's preschool teacher. The task seemed easy. All I had to do was read aloud a tale about Mexico. But then in a misguided attempt to build rapport. I mentioned that my last name translates in Spanish to rooster.

"Your name is Mr. Rooster?" asked one boy, a grin beginning to sweep across his face like a bad storm appearing at the edge of town. "No, you're Mr. Chicken," another boy piped up. Soon, kids were chanting "Mr. Duck," "Mr. Pig," and the inevitable "Mr. Poopy Piggy." Chaos reared its ugly head, and a teacher was summoned to regain control. This is kids' humor.

As preschoolers become capable of understanding that words can have more than one meaning, they soon enter the world of "preriddles," notes

Laughing your way to cooperation

Your toddler won't open his mouth to your child's mouth and your daughter can't wave hello to the tiny rabbit living inside. Say, "What? You're thirsty, little bunny? Okay, I'll give you something to drink."

Your preschooler dawdles through routines. Make kooky contake his medicine. Use stests out of them. For a little fantasy. Look in example, the next time pick out an outfit, say, "I bet that I can stand on one foot and sing 'Yankee Doodle' before you finish getting dressed.'

Your 5-year-old complains his little sister is playing with his toys. Agree to listen to toys, clothes, and to his complaint—but other items that need only if he sings it. **Encourage him to belt** out a tune, which should produce enough laughs to dissolve the problem

Your school-age child's room is a mess. Write reminder notes and tape them to be put away. But sign the notes from the objects: "Dear Zoë, I'm wet and cold lying on the floor. Please hang me up. Love, Your Towel.

More dancing. More smilling. More smilling. More giggling an exclusive Breathed * system that now lets It. HUGGIE Zew Muggies® Ultratrin S ıt d ie ed ep armo other diaper teeps skin drier than Huggists of the skin drier than the skin Ir. n, Ir. igl a nof ive entes 🏣s World at www.huggies.com hild

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Doris Bergen, Ph.D., professor of educational psychology at Miami University in Oxford, Ohio. Typically, 4- and 5-year-olds learn the form of a riddle or joke before they understand its actual content. Thus, punch lines often are incorrect, nonsensical, or missing. ("Why did the chicken cross

the road? To get to Uncle Michael's house.")

You—the parent and the straight man (or woman)—have a duty to laugh, not just the first time you hear the joke, but upon the 19th retelling, too. Says Dr. Bergen: "It's not easy to listen to the same riddle over and over, but kids this age are just discovering how much pleasure there is in making others laugh."

The allure of potty jokes

Four-year-olds (and men of all ages) love bathroom humor. Why? One surprising reason is that potty words like *pee-pee* and *poo-poo* have a silly, repetitive sound. So when your child says, "Poo-poo," try starting a riff—

"Moo-moo, coo-coo, cuckoo bird"—to redirect his line of conversation.

Of course, children are well aware that bathroom words are exciting because they're taboo. For that reason, the standard advice is to ignore this language as much as possible. If you react angrily, your child will see that using these words gets your attention quickly—and then he'll say them even more. You may want to limit such language by prohibiting it in public. But rest assured: Potty humor peaks at age 4, then shortly loses its appeal as toilet training becomes a distant memory, observes Dr. Klein.

School-agers test limits

As children reach school age and their verbal skills improve, they're able to hold multiple ideas or word meanings simultaneously. This is the age of puns, jokes, and riddles that stretch logic and reasoning. When Amelia Bedelia follows a recipe to dress a turkey, preschoolers laugh at the ridiculous sight of a turkey in a dress, but 6- and

7-year-olds appreciate the play on words.

And why do kids this age love telling riddles so much? It gives them power, says Dr. Klein. They know something that their audience doesn't. ("Where was the Declaration of Independence signed? At the bottom.") This explains the allure of knock-knock

"Ladies and germs..." your job is to cheer the laughter on.

jokes, in which the riddler has the clever reply. ("Knock, knock." "Who's there?" "Dwayne." "Dwayne who?" "Dwayne the bathtub, I'm dwowning!")

Why humor is good for kids

Children don't just enjoy humor, they benefit from it. In schools, the sound of laughter is often a signal kids are learning, say researchers. In an article in *Childhood Education*, Dr. Bergen cited research concluding that teachers' use of humor increases students' attention, boosts their literacy skills, and improves their critical thinking.

Early on, children recognize that making people laugh has advantages, too. In Seattle, kindergarten teacher Anita Culver recalls a day when her 6-year-old students became unruly. Upset at their behavior, she grilled one of the troublemakers: "What's the rule we have in hallways?" The answer she expected was "Quiet in the halls." Instead, he shot back, "Never cross the kindergarten teacher." Culver couldn't stifle a laugh, and the entire class burst into

giggles. The lesson learned: A ready wit can get you out of a heap of trouble.

Many children use humor to cope with setbacks, family troubles, and health problems. Lila Green, a guest lecturer at the University of Michigan Medical School in Ann Arbor and author of *Making Sense of Humor*, notes

that children with serious illnesses make jokes to distance themselves from their problems. Encountering temporary baldness after chemotherapy, one boy with cancer quipped that he looked like E.T. Laughter is a great help when getting through tough times.

How to bring on a belly laugh

Humor is a process of osmosis, says Joel Goodman, Ed.D., director of the Humor Project, a group that promotes humor worldwide. So fill your house with funny things, and kids will absorb the spirit of play. Start when your children are young by reading stories (A Hole Is to Dig by

Ruth Krauss) and poems (*The Eentsy, Weentsy Spider* by Joanna Cole and Stephanie Calmenson). Sing silly songs ("I Know an Old Lady Who Swallowed a Fly"), and recite funny rhymes. Dr. Goodman even recommends assembling a humor first-aid kit. Store cartoons, videos, and funny gadgets in a handy area and administer them when your kids are feeling blue.

And discard the notion you have to be a stand-up comedian, says Dr. Goodman. Instead, make an effort to regard everyday situations as potentially humorous topics. It's especially important to do so when dealing with minor disasters. Burned the toast? Squelch your desire to throw a fit, and say, "What do you know? I managed to turn white bread into black toast." By laughing at your mistakes, says Dr. Goodman, your children are likely to learn how to survive theirs with their sense of humor intact.

Contributing editor Nick Gallo writes on a variety of childhood topics. He lives with his family in Seattle.

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HOW DOES YOUR BANKS EEP

Infants learn to see by observing the faces, shapes, and colors around them. Here's a peek at how a baby's vision goes from fuzzy to focused. by Nancy Wartik

Kathy Burkett still remembers the first time she saw her baby, Clare, 5 weeks old, follow an object with her eyes. "My mother-in-law had picked up a colorful butterfly foot rattle, and she moved it in front of Clare's face," says Burkett, who lives in

New York City. "Clare tracked it all the way, with her eyes and her head moving together."

Clare's new trick is just one step in the development of her vision, a process that unfolds gradually over the course of a baby's early months. Though vision is arguably the most important of her senses—it's via the visual intake of information, experts say, that we do 85% of our learning—it can take up to a year for her eyesight to mature.

"Vision is to some extent a learned capacity," explains George Beauchamp, M.D., president of the National Children's Eye Care Foundation and a pediatric ophthalmologist in Dallas. "As with any other type of learning, the brain cells involved need to form connections. That happens over time, based on a baby's visual experience."

For a long time, little was known about how a baby brings his surroundings into focus. Over the past few decades, however, scientists have tested infants' visual abilities in a series of studies. They've shown pictures and patterns to day-old infants to gauge the sharpness of their eyesight; they've put 3-D glasses on 5-month-olds to test their depth

perception; they've studied babies' reactions to pictures of human features.

As a result, we have a better idea of how the world looks to a baby. And we know that most infants get all the stimulation they need to develop their visual abilities by observing the colors and shapes around them: "Babies know how to pick out the right things to stare at," says Davida Teller, Ph.D., an infant vision expert at the University of Washington in Seattle. "All you have to do is provide them with a variety of experiences and environments, and they'll take it from there."

Here's how your baby's vision develops in the first year:

0 TO 3 MONTHS

Vision Milestones: Your baby's eyes opened in the womb somewhere around month seven, experts believe, though at that point she was surrounded by darkness. Immediately after birth, newborns have only a hazy view of the world. Their vision is the equivalent of about 20/400, making them, in essence, legally blind.

"If newborns could read, all they'd be able to see is the big letter on the top line of the eye chart," says Dr. Teller. "They can see the general location and outline of your face and features—but not your eyelashes, say, or the freckles sprinkled on your nose."

Blurry as your face may appear to her, however, it's what your newborn most wants to look at. "It's as if babies come into the world preprogrammed with a desire to gaze at faces," says Heidelise Als, Ph.D., the director of neurobehavioral infant and child studies at Children's Hospital in Boston. "Newborns like looking at faces above all other things."

While it's long been thought that newborns see most clearly at 10 inches—the approximate distance from a nursing baby's eyes to her mother's face—many experts now agree that this idea is based on outdated research. "There's no one distance at which babies see best. Near and far, it's all equally fuzzy," explains Velma Dobson, Ph.D., an infant vision researcher at the University of Arizona in Tucson. "As the baby's world emerges from the blur, it all becomes clear at the same time."

In fact, studies that measured how clearly infants see close up versus 20 feet away found that size is what really matters: Babies *are* able to see a faraway object, like an oversize stuffed animal on a shelf across a room, as long as it's big.

What's Developing Now: Your baby's ability to distinguish colors is being honed at this time. By about 2 months, she'll be able to see bright colors such as



red or blue—but not subtler hues like yellow and violet. She'll also be developing her ability to fix on and smoothly follow a passing object, rather than tracking it with slow jumps of the eye.

**Baby Vision Tips: Many parents surround their baby with black-and-white toys because research has shown that newborns respond most strongly to high-contrast patterns or stripes.

But many experts are skeptical of black-and-white toys. "It's nonsense to avoid colors," asserts Dr. Teller. "Babies need a variety of visual experiences—not just one thing." New York City pediatrician Richard L. Saphir, M.D., a member of *Child*'s advisory board, agrees: "Perhaps these toys are useful in the first couple of months until color vision is more acute. But remember the smiles you got from your 2-monthold? You're not in black-and-white—vou're in Technicolor."

Instead, let your baby discover contrasting patterns on her own. Pam Avila of Portland, Oregon, recalls that when her twins Miles and Forrest were just 2 months old, she and her sister took them to a zoo. Avila says, "My sister noticed that one of the twins had fixated on a black, white, and red—checked tile pattern on the wall in the zoo cafeteria. It fascinated him; he couldn't seem to stop staring at it."

3 TO 6 MONTHS

Vision Milestones: By 3 months, your baby will have significantly sharpened vision. When you hold him, he'll be able to make out your eyebrows, lips, and other subtle features—though still not the freckles on your nose. He'll begin to be familiar with your facial features and be able to distinguish your face from that of other people. And his ability to track objects like the big dog who trots by his stroller will improve.

What's Developing Now: By the time your baby is 4 or 5 months old, his world is becoming more three-dimensional, as both eyes start working together (so-called binocular vision) to give him depth perception. You may notice your baby studying his hands or feet with growing fascination as they begin to stand out in relief against the background.

Your baby's color vision also will continue to improve. Studies suggest that

BABY EYE PROBLEMS

EXCESSIVE TEARING could signal a blockage in the tear-duct system that drains the eyes. Ask your pediatrician about treating this relatively common problem at home using gentle massage on the inner corner of the eye.

RED, RUNNY, SWOLLEN EYES could indicate conjunctivitis (pinkeye). In newborns and older babies, if the problem hasn't cleared up in 24 hours, call your pediatrician, who may prescribe a five-day course of antibiotic eyedrops, such as Polytrim, in both eyes. Conjunctivitis is contagious until the discharge disappears, usually one to two days after starting the eyedrops.

crossed eyes are most likely a temporary condition, unless crossing is severe or continues beyond 4 months of age. Under these circumstances, consult your pediatrician or family doctor. In some cases, surgery may be necessary; it can be performed on infants as young as 6 months.

at 4 months babies can distinguish among several shades of a single color. Even so, "babies most like strong, true hues—they prefer stoplight red to a rust shade," notes Martha Arterberry, Ph.D., a psychologist at Gettysburg College in Gettysburg, Pennsylvania, and co-author of *The Cradle of Knowledge*.

Baby Vision Tips: When you play visual games with your baby, take your cues from him. "Babies sometimes see farther than we think they can," says Dr. Als. "If you show your baby a toy, start by holding it some distance away, then moving it closer. Watch to see where he catches it in his gaze. Look at what his hands are doing—see if they're beginning to grasp for it. If so, don't move it away." In addition, says Dr. Als, "keep your face out of his line of vision, so he can focus on the toy. His eyes are beginning to direct his hands, and he wants to practice without being interrupted."

6 TO 12 MONTHS

Vision Milestones: At 6 months, your baby's eyesight is largely in place, although her visual abilities will continue to be refined for some time. Her visual acuity has improved to a mildly fuzzy 20/50, so she can see facial details

like your eyelashes, your beauty mark, or the more boldly outlined freckles on your nose. She can distinguish colors increasingly, as well.

At about 7 months, she'll begin to perceive the world more realistically as her "pictorial depth perception" is further honed. When your baby looks across a room, she'll now know that the ball lying in front of the sofa is blocking out part of the sofa. This tells her that the ball is, indeed, in front—an important step in her depth perception.

What's Developing Now: From 6 months on, your child's visual acuity, or sharpness of sight, will gradually improve, reaching grownup levels by 3 to 5 years. Between the ages 3 and 4, she should be given a basic vision test during a routine visit to the pediatrician: "That's when your child will be able to start responding to questions or pointing to appropriate characters on a vision chart," says Sheryl Menacker, M.D., a pediatric ophthalmologist in Bucks County, Pennsylvania.

■ Baby Vision Tips: Many of the games you're already playing with your child at this age promote her visual and cognitive development, says Dr. Als. Games like peekaboo teach your baby that you are still there even though she can't see you, an idea called object permanence. Or try hiding a toy under a pot, then lifting it off with a flourish. Watch how excited she gets at seeing her toy vanish and reappear. ■

Nancy Wartik, a New York-based freelance writer, covers health and psychology.



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Now making bubbles.

Now eating cereal.

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HERE'S MOMMY? UH-OH, I'M hiding. Peekaboo! I see Becky. Here's Mommy!"

You may not realize it, but when you cover your face with your hands, you're

introducing your baby to her very first game: Peekaboo has rules, it's reciprocal, and it's fun for both of you. But beyond that, games serve significant developmental purposes in your child's life. They teach her new ways to use her mind or body, help her master ordinary fears and anxieties, stimulate the development of special abilities, encourage respect for routines and rules, give her an opportunity to practice patience, and build good character. And as your child becomes old enough to join a team, games provide opportunities for socialization, an outlet for restless and aggressive energy, and a chance for her to shape both competitive and cooperative skills.

As a child grows older, she's likely to approach games more seriously. She is aware of the step-by-step practice that's necessary for success at game-playing. She has also begun to put together a sense of her own identity, and that means winning or losing a game can have a substantial impact on her self-esteem.

Games, then, can help your kids to learn some important lessons, but let's see what kinds of lessons are most likely to emerge at different stages of development.

Birth to 1 year

Games help your baby cope with new feelings

Your baby's first game-playing experiences will be with you. New parents spend a lot of time trying to engage their baby through language ("Hi, cutie, where's that

Why do babies love peekaboo? Is winning the only thing? An age-by-age guide to how games help kids.

BY AVA L. SIEGLER, Ph.D.

smile?" "How's Daddy's boy?"), through toys ("Here's your rattle—shake it up!"), and through games ("This Little Piggy Went to Market" and pat-a-cake).

In addition to the pure pleasure and entertainment these early games provide, they help your baby to feel secure and reassured through the repetition of familiar, predictable rhymes, and they help him to regulate the rise and fall of his emotions by teaching him to anticipate the surprise or a tickle that ends the game.

In the first year of life, your baby must learn to cope with the rhythms of attachment and separation from the people he loves. Hiding games, like peekaboo, are very satisfying to babies because they raise a tiny bit of anxiety about separation when you hide your face ("What's happening? Where's Mommy?") only to dispel it quickly ("Here I am, don't worry!") when you reappear.

Young babies are capable of making up their own games, too. For example, when your baby drops his food on the floor, and you bend down to pick it up over and over again, you're joining in a game he's invented. ("Where's Mommy? There she is! Mommy and cheese go down. Mommy and cheese come up!") If you've run out of patience for this game and want your



baby to eat his food and not just play with it, simply leave the food he's dropped on the floor or interrupt his attempts to throw his food down by catching his hand.

1 to 2 years

Physical play establishes body control

Your toddler's new mobility is bound to be accompanied by spills and scrapes as she takes on more adventure-seeking activities, so it's not surprising that toddlers can feel anxious about getting hurt. These anxieties are both stimulated and soothed in the physical games toddlers love. As you bounce her on your knee playing This Is the Way the Lady Rides or swing her up in the air like a flying angel, she experiences the thrill of being daring and learning what her body can do. But beneath that excitement, she's also working hard to master fears of feeling out of control or of getting hurt. When you catch your toddler in vour arms, vou reassure her that she's safe and sound.

To help your child gain confidence in her body, don't force physical challenges on her that she can't yet manage. Some children, for example, are clearly terrified by chasing games Pretend play peaks in preschool, along with a child's imagination.

("I'm a tiger, grrr, grrr. I'm going to get you!"), while others seem to relish them. If your child is scared by being pursued, set up less frightening alternatives, say, letting your fingers "chase" and "get" her.

2 to 4 years

Preschoolers fancy make-believe

This is the age of pretend play, when your child's spontaneity and imagination are at their peak. But it's more than fun and games. He's learning to organize and sequence ideas by making up a story with a beginning, middle, and end. He's

also trying on roles that help him channel aggressive, rivalrous, and competitive feelings in a safe way through stories.

When a preschooler invites another child to join in his pretend games, competitive feelings may shape who gets what part, with bold kids getting the "best" ones. Because he's still learning to control aggressive feelings, a child this age needs help learning to cooperate. ("Why don't you let Michael be the king and you can be the prince, and you'll both have magic powers.")

Three- to four-year-olds may need your help in moderating aggressive make-believe play. ("The king and prince have to stop the war now because there's a big ice-cream victory party.") Sometimes, you may have to interrupt out-of-hand play directly.

("You guys can't play this game anymore; it's getting too rough, and someone will get hurt.") It also helps to calm down overly aggressive pretend games by transferring real action to play action. ("You and Michael should play this game with your *Star Wars* figures, not with each other.") Pretend battles with action heroes, movable figures, or puppets can help preschoolers feel more in control of their impulses.

At this age, both boys and girls enjoy playing at being either grownups or, conversely, babies. These games allow preschoolers to work through their conflicts about the old roles they are beginning to outgrow and also give them opportunities to rehearse roles they have yet to assume.

4 to 6 years

Your child is ready for group games

Emerging mental and physical maturity makes it possible for your preschooler to focus, sit still, and concentrate for longer periods of time. New skills, such as sharing, counting, and running, help her partake in circle games like Duck, Duck, Goose.

Children this age also have enough planning ability to set up tea parties, to buy make-believe food at the make-believe supermarket, and to play doctor with a medical kit and pretend injections. Your child can now enjoy simple card games like Old Maid, War, and Go Fish. Games of chance in which you take turns, throw dice, and move a marker, like Chutes and Ladders, can

Are You A Game Player?

ome parents can't wait for the day when their son or daughter will be able to swing a bat, play Scrabble, or join in a game of poker, but others have minimal interest in sports, board games, or cards. If this describes you, don't worry that you're depriving your child—it's not a parent's job to be a playmate; that's what

siblings or peers are for. So if your child asks you (for the 10th time that week) to play a game of Go Fish, your best policy is honesty. Explain to her, "I like spending time with you, but card games aren't one of my favorite things. I'll play this one more time, but then let's try doing something else together, okay?"



increase your child's ability to sustain disappointment. Kids this age have limited patience, so pick games that are age- and interest-appropriate.

A 5-year-old who's losing may try to break up a game by crying or by throwing the pieces around the room. Rather than criticize her immaturity, try to empathize by saying, "It's hard to play when you're losing." If she can't pull herself together, stop the game and explain that in order to play, she needs to accept losing as well as winning. Then move her into another activity.

6 to 9 years

Playing by the rules becomes key

This is the true "age of games." A child who is at least 6 to 7 years old has good motor skills and the capacity to analyze, judge, and act. He can abide by the rules and is able to tolerate frustration. Your child can now compete against others and maintain a good sense of himself in games like tag and hide-and-seek (although he may still get upset by being "out" or "found").

As your child becomes competent at reading, he will enjoy classic board games like Clue or Parcheesi.

A school-age child's growing physical skills enable him to take pleasure in ball games that use his muscles and hand-eye coordination, like soccer and basketball, as well as games that depend on fine mo-

tor skills, like marbles and jacks. No matter what the game, respect for fairness becomes a typical concern for 6-to 9-year-olds because, by now, moral development has deepened and your child can discern right from wrong.

Nevertheless, many 6- to 9-year-olds still want so much to be winners that they'll try to bend the rules. Don't think letting your child win will build his confidence. Only earned success builds self-regard. Kids this age know when a playmate isn't playing fair and that "poor sports" will be isolated and criticized by peers. In addition, parents represent "law and order." Do you really

Help kids balance TV time with board games.

want to condone your child's cheating? When you are in collusion with your child's dishonesty, you're creating a false accomplishment that will shatter as he faces the real challenges of life. Instead, help him understand that in games, as in all of life, "sometimes you win, and sometimes you lose."

9 to 12 years

Preteens face the pressures of competition

As your preteen plays in a hockey league or competes in a chess tournament, the pressure on her increases, transforming the game into a personal test of confidence, intellect, or courage. This is also the time when you are likely to take your child's achievements more seriously, so make sure you don't have too much invested in the outcome of your preteen's game. Unfortunately, the more the adults around her urge her to be a winner, the less your preteen will be able to hold onto her self-esteem if she loses.

Instead, try to get your good values across by talking to your kids about competition and good sportsmanship. Remember the old adage "It's not whether you win or lose that counts; it's how you play the game," even if your preteen's coach believes "Winning isn't everything; it's the only thing!" Most of all, try to support your child for who she is and not what she does. This is the best way to help her stay steady as she faces important challenges throughout her life.

Dr. Ava L. Siegler is a child psychologist and author of The Essential Guide to the New Adolescence.

Editors' Top Picks

Kids' games go in and out of style, but some have withstood the test of time.

Age 4 and up

BOGGLE JR. This is a great introduction to the alphabet and to forming words. CHUTES AND LADDERS A

fabulous first board game, it teaches kids basic counting skills.

MANCALA FOR KIDS By

moving mini plastic animals around a wooden board, children practice counting and thinking ahead.

CHARADES FOR KIDS Kids gain social confidence with this simple version that uses pictures to describe a charade.

Ages 5 to 7
CONNECT FOUR As in tic-tac-toe, kids learn to anticipate the next move before deciding

what to do.

GUESS WHO?

Kids guess at

the mystery character, using logical reasoning.

CHECKERS This classic game of capturing and sacrificing pieces teaches early lessons in sportsmanship.

CONCENTRATION Where's the match? This game strengthens memory skills.

PARCHEESI Whoever gets all of their pieces to the end first wins, but kids learn to wait their turn.

CHESS In the ultimate race to capture the king, kids practice forming strategies. YAHTZEE Your child's math skills grow with this game of dice and numbers. LIFE Will he be a doctor or a teacher? This game of chance decides his fate. MONOPOLY Playing Monopoly is like riding a bike-we all learn how at some point. **CHARADES** What am !? Creative thinking is the name of the game as kids re-create words with their physical movements.

Age 8 and up
SCRABBLE Broaden
vocabulary and improve spelling with
these letter tiles.
CLUE This whodunit
game boosts your
child's deductive
reasoning skills.



NEW RESEARCH SHOWS THAT INTRODUCING

YOUR CHILD TO MUSIC AT A YOUNG AGE BOOSTS BRAINPOWER, ENHANCES

MATH ABILITY, AND STIMULATES CREATIVITY. BY MARISA FOX

he first time I glimpsed my son, Leonardo, during a sonogram early in my pregnancy, he was rocking in the womb, tapping his knees rhythmically. After he was born, I noticed that he began boppin' along in his stroller, keeping time with music whenever he heard it. Bringing Leonardo to the many concerts I attend as a rock music critic became a natural part of our lives, so I was delighted to learn that exposing your child to music actually helps his brain to develop.

A growing body of research shows that an early introduction to musicwhether soothing your crying baby with song or getting your toddler involved with music-making—"can tune the brain," says leading child-music researcher Gordon Shaw, Ph.D., a professor of physics at the University of California, Irvine, "Music can alter your child's cognitive makeup if it's introduced at a young enough age." That means music can change the way kids think by stimulating the brain to develop a greater number of connections, called synapses. "In the first year of life, the brain builds connections in response to a variety of stimuli," says Connie Tomaino, D.A., director of music therapy at the Institute for Music and Neurologic

Function at Beth Abraham Health Services in the Bronx, New York. "That's how we learn. The more connections there are, the easier it is for the brain to make sense out of any and all new information. And music utilizes so many different aspects of the brain, it helps to establish a rich array of connections."

Will playing any kind of music aid brain development? The music to which your child is exposed needn't be limited to classical selections, says Frances Rauscher, Ph.D., a cognitive development specialist at the University of Wisconsin, in Oshkosh. It can reflect a variety of genres, rhythms, and tempos, from swing to folk to rap. Dr. Shaw, who's currently studying the long-term effects of Mozart on infants, suspects that the symmetry of a Mozart sonata, for example, mirrors our brain-ware patterns and thus can exercise a young, malleable brain.

Both researchers agree that while early exposure to music is important, what matters most is interacting musically with your child. From rocking babies to sleep with a lullaby to playing pat-a-cake, music and rhythm are natural ways to communicate with an infant. "Babies are prewired for music," says Dr. Rauscher. It's no coincidence that we talk to our babies in a sing song fashion and that much of what we teach to toddlers, from the ABCs to cleanup songs, is put to music.





LET KIDS EXPERIMENT WITH MUSIC. IF YOU CHILD TAPS OUT A BEAT, TRY TO MATCH IT.

By the time children are 3 months old, music is already a powerful learning tool, helping them to form associations and to remember certain events. At St. John's University in Queens, New York, Jeff Fagen, Ph.D., played a selection of music and found that babies moved an overhead crib mobile in response. When the same music was played for them again, they remembered that they had kicked the mobile and performed the task again.

An increasing number of studies with kids over age 3 support Dr. Shaw's theory that music gets the brain in shape for spatial-temporal reasoning, which is the ability to understand ratios, fractions, and proportions in space and time. In his most recent study, which appeared last March in the journal Neurological Research, Dr. Shaw revealed that second-graders who took piano lessons and played a specially designed computer game for four months scored 27% higher on proportional math problems than did a control group who took English classes and played the same game.

What is it about music that, as Dr.

Shaw puts it, "enhances our neural hardware"? "Music is a spatial task," explains Dr. Rauscher. "The spatial pieces are notes arranged in space over time. So when you're playing music, you're feeling it, seeing it, and hearing it. And those are exactly the same kinds of skills needed to perform other spatial tasks."

Sing a song

Think of music as a means of reaching out to your child, and keep it natural, says Lori Custodero, D.M.A., assistant professor of music and music education at Teacher's College at Columbia University in New York City. Eye contact is crucial with a newborn. Once your child is gazing at you, sing. It's one of the most reassuring things you can do-and vou'll turn your child into a music fan for life. As your baby grows, choose songs that have plenty of easyto-imitate sounds, such as "Old Mc-Donald," and you'll notice she'll happily ioin in with a chorus of e-i-e-i-o or mimic animal sounds well before she can sing along. Use your hands as a way to engage your child in song. Songs that

have hand motions help foster body awareness, says Dr. Custodero. Try simple clapping songs like pat-a-cake. Then you can teach your child the parts of her body with "Head, Shoulders, Knees, and Toes" or the hokeypokey. Introduce "The Itsy-Bitsy Spider" once she seems capable of intricate hand movements. "Follow your child's lead," suggests Dr. Custodero. "And don't get hung up on teaching; think of it as sharing with your child."

By the time your child is about 9 months old, you can give her egg-shaped rattles, tambourines, maracas, and percussion instruments that are easy for small hands to grasp, such as a tom-tom or a Lollipop drum. "Don't ever take your child's hands and force her to do something," cautions Dr. Custodero. "Let her figure out how to use an instrument herself." If she taps or stamps out a beat, try to match it rather than making her keep up with yours.

Focus on fun

By his second birthday, your child may become more attuned to melody and scales. At this point, you can encourage him to explore a xylophone, a piano, or an electronic keyboard, which can help him to learn to move his fingers and to understand spatial relationships. Formal instruction can start as early as age 3. Dr. Custodero, who has taught keyboard to preschoolers, says it's important to keep the focus on fun. "It should be a sensory-exploratory experience that is playful rather than rigid and adult-directed," she says. Instead of teaching specific pieces of music, teachers should emphasize basic musical concepts, such as high and low, soft and loud, and fast and slow, she adds.

In the end, value music for the pure enjoyment it brings, not because it may foster intellectual skills. "Music is not a panacea," notes Dr. Rauscher. "Your genetic code determines your potential, but your experiences determine whether or not you will reach it. Music can't turn your kid into an Einstein, but it can help him get a better shot at making the most of what he has."

Marisa Fox is a freelance writer based in New York City.

Kid CDs You'll Love, Too In my early days as a mother, I tried Raffi's Bananaphone. The

In my early days as a mother, I tried Raffi's Bananaphone. The first track was melodic and goofy, sung with appealing warmth. But when Raffi's tone changed from silly to sappy, I knew I had to expand our collection. I found the high-timbre arrangements on the myriad of "Mozart for babies" collections annoying and decided I'd be better off with the real thing. I persevered and eventually found music both my son and I could enjoy. Here's a list of some of our favorites:

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■ More Reggae for Kids. From Gregory Isaacs's "Day-O" to "Rasta Row the Boat Ashore" by Charlie Chaplin (the reggae artist), you and your child will enjoy skanking along to these mellow, steady bopping tracks.

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DON'T YOU LOVE TO TOUCH YOUR CHILD'S SOFT SKIN?

But oftentimes, it seems, her skin has a red rash, itchy spots, or a painful scrape. If you're like most parents, you seek a feel-better-fast remedy. But some of your solutions may not be the smartest ones, say pediatric dermatologists, and the result may mean a child's delayed recovery. Below are expert guidelines for preventing and treating common baby and child skin problems.

Treat only mild cases of cradle cap with mineral oil.

Those chunks of waxy yellow or brown gunk on your baby's scalp can be an indication of cradle cap, a form of seborrheic dermatitis. Mild cradle cap can be treated with mineral oil, says Ilona Frieden, M.D., a clinical professor of dermatology and pediatrics at the University of California, San Francisco. When you apply the oil to your baby's scalp, cradle cap flakes are loosened and can then be gently shampooed away. Never pick at patches of cradle cap because they may become irritated or infected, and always dampen your baby's scalp before using mineral oil, cautions Susan Boiko, M.D., a pediatric dermatologist who practices in San Diego.

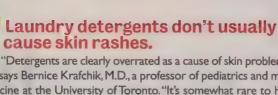
But if the scalp appears scaly and red, or if there are also signs of redness or itchiness on other parts of her body, such as the backs of her legs, this could indicate an inflammation, notes Dr. Boiko. In this case, "using mineral oil for cradle cap isn't taking care of the underlying problem," says Dr. Frieden. Inflamed cradle cap is usually treated by your doctor with a corticosteroid lotion.

Children with sensitive skin should take shorter, not fewer, baths.

"Most small children like being in the water, and there's no need to limit the frequency of baths for kids who have sensitive skin," says Anthony Mancini, M.D., a pediatric dermatologist at Children's Memorial Hospital in Chicago. He advises taking shorter, not fewer, baths. These baths should last no more than 10 minutes, using warm, not hot, water.

Dr. Boiko, however, believes that longer baths are fine for children with easily irritated skin. "It's true that water can dissolve the skin's natural oils, but the key to preventing irritation is religiously following up a bath by patting—not rubbing—your child's skin dry with a towel and then applying a thick moisturizer," she observes. Dr. Mancini also recommends using a heavy-duty moisturizer such as Eucerin or Cetaphil in order to trap moisture from the bath.

For kids with sensitive skin, don't go overboard with the soap, advises Dr. Frieden."With soap, less is more, particularly for babies, who don't usually get dirty anyway," she explains.



"Detergents are clearly overrated as a cause of skin problems," says Bernice Krafchik, M.D., a professor of pediatrics and medicine at the University of Toronto. "It's somewhat rare to have an allergic reaction to them." There's no need to buy special hypoallergenic detergents for children who don't have easily irritated skin, notes Dr. Mancini, since they're very unlikely to have detergent-related skin problems. But, he adds, for kids with sensitive

skin and for newborns and infants, whose skin is often more prone to irritation, "it's not a bad idea to choose gentle, fragrance-free brands simply because the fewer additives the skin is exposed to, the less likely a reaction."

Fabric-softener sheets used in the dryer may occasionally cause contact dermatitis (itchy, red patches on your child's skin) because some of the softening agent remains on the clothes, says Dr. Frieden. If you still prefer to use a fabric softener, a liquid softener added to the wash cycle is less likely to leave a residue.

Diaper rash is unavoidable—but it's easy to treat.

A little diaper rash is to be expected with every baby. It's bound to happen when the irritating enzymes and moisture in urine and feces meet soft skin and are trapped in a diaper.

However, notes Dr. Krafchik, most minor diaper rash does not need medication at all—just attention. Dr. Krafchik suggests

cleaning the affected area with a soft washcloth, mild soap, and warm water (using prepackaged wipes with alcohol or scent can further irritate the skin). Next, apply a "barrier layer" product like petroleum jelly or a diaper ointment to keep urine and feces off the skin. Whenever possible, give your baby a diaper-free "bottom break."

Diaper rash needs medical attention if it persists after several days of using these measures. "If there are beefy red bumps, blisters, or pus-filled bumps, that usually means a yeast or other infection, and you should see your doctor," says Dr. Mancini. In this case, a yeast-busting medication and a low-potency hydrocortisone cream may be necessary for treatment.



Vounds heal

faster when

Recent studies by plastic surgeons have shown that wounds actually heal fastest in a moist, covered environment. With this in mind, cleanse your child's cuts and scrapes gently with mild soap and water (excessive scrubbing can injure the skin further), and cover with a bandage, says Dr. Boiko. Applying an antibiotic ointment can provide extra insurance against infection. In addition, the moisturizing properties of antibiotic ointments can help reduce your child's pain by keeping the skin from drying out and forming irritating small cracks as it heals, according to Dr. Boiko.

In rare instances, children can have an allergic reaction to neomycin, an ingredient in some antibiotic ointments. Ask your doctor's advice before using.



Scratching doesn't spread poison oak and poison ivy.

Many people incorrectly assume that scratching skin irritated by poison oak or poison ivy spreads the itchy rash, notes Dr. Boiko. In fact, what's really happening is additional welts are springing up a few days after exposure as areas of the skin that were less in contact with the irritating oils of the plant finally start to react.

It's imperative to continue anti-itch measures until the itching subsides, says Dr. Mancini, because repeated scratching can cause the skin to bleed and develop a secondary infection, which can then spread further. To ease the itch, try an oral anti-histamine, such as Benadryl, and over-the-counter lotions made with camphor, menthol, or oatmeal. The itching may clear up within a few days or it may take longer, depending on the amount of plant oil that was deposited on the skin.

Sunblock is better than sunburn for babies younger than 6 months of age.

Check the label on any bottle of sunscreen or sunblock, and you'll find the warning: "Consult a physician before using on a child under 6 months of age." Here's what doctors really say: "There's no evidence that sunscreen is dangerous for young infants," reassures Dr. Frieden.

What's going on? While tests have not been done on infants to prove its safety, a pediatrician may well recommend the occasional use of sunscreen or sunblock for a baby under 6 months old—if the alternative is getting a sunburn. Sunburns, of course, increase the risk of skin cancer, reduce the skin's elasticity, and can create permanent blotches on the skin.

However, dermatologists unanimously recommend that instead of relying on sunscreen, parents do their best to keep their babies' sun exposure to a minimum. Make sure your baby stays out of the sun during the peak sunburn hours of 10 a.m. to 2 p.m., and cover as much of her skin as possible with a long-sleeved shirt, long pants, and a wide-brimmed hat when she must be outdoors.

Ask your pediatrician about using sunscreen or sunblock on areas of your baby's skin not covered by clothing, such as her face and the backs of her hands. According to Dr. Mancini, sunblocks that aren't absorbed by the baby's skin and that

don't allow the sun's rays through (such as zinc oxide) are probably the safest alternative for babies. ■

Helen Cordes is a freelance writer based in Texas.

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Grabbing and pushing are quick ways for kids to get what they want. But speaking up ultimately delivers a bigger payoff. BY JULIA A. SAVACOOL

t the Ideler house in Houston,
Texas, it's a typical Monday
morning. Mom Rosemarie is
standing at her kitchen sink,
slowly sipping a cup of tea. Over at the
breakfast table, Margaret, 5, Lindsey, 4,
and Timothy, 2½, sleepily sprinkle a coat
of cinnamon sugar on top of their steaming
oatmeal. Suddenly, Timothy lets loose an
ear-piercing howl, shattering the early
morning peace. Ideler rushes to his side,
but it's too late. Without warning, her toddler has clicked into near hysteria, his arms



and legs frantically flailing through the air. Ideler scans her son for signs of bodily harm. When none are readily apparent, she decides to take the direct approach. "Timothy, is something wrong?" she asks. *Yes!* Margaret is hogging the cinnamon sugar, and Timothy wants it. *Now!*

Ideler slips into referee mode: "Timmy, you need to be patient. Ask your sister to pass the sugar when she's through. Go on, *use your words*." Begrudgingly, Timothy strings together an uncertain phrase: "Me-me n-n-need cimmenschugger... puhleez?" To Ideler's relief, Margaret complies.

For many parents confronted with an exploding toddler or a fist-packing grade-schooler, getting a child to "use his words" can seem like "mission impossible." But the truth is, teaching kids to express emotions through language is the key to turning off (or at least tuning down) moments of frustration that might otherwise build

to a crescendo of sobs.

screams, kicks, and bites.

Children resort to physical aggression for two reasons, explains Diane Levin, Ph.D., a professor of education at Wheelock College in Boston and the co-author of Before Push Comes to Shove. To begin with, it is the most concrete, immediate, and seemingly powerful solution available. And in the heat of the moment, young kids have difficulty controlling physical impulses long enough to think up alternative solutions. "Children want their needs to be known," notes Dr. Levin. "Once they learn that words can help them get what they want, they will rely on their voice, not their fists."

GETTING BEYOND "NO"

The first word your child utters may be "Mama" or "Dada," but the one you're likely to hear most often during the toddler years is "no." Small comfort though it is, that very trying phase of parenthood is actually a breakthrough for your child—she's discovered a powerful word. "When a toddler tells you 'no,' she's testing her limits to find out who's in con-

psychologist Myrna B. Shure, Ph.D., author of *Raising a Thinking Child*.

Finding your every request thwarted by your toddler's negative response can be exasperating, but you may be able to lessen your child's resistance by helping her feel in charge of her own actions. Says Elaine Kennedy of

Lawrenceville, Georgia:
"When I need cooperation from my 2½-year-old, Cianna, I try to phrase things so she can make a choice. For instance, Cianna is more likely to eat her vegetables at dinner if I offer options—would she like carrots or broccoli?

Giving her a voice in making decisions gives Cianna a sense of control, and she's much more likely to cooperate if she can tell me what she wants."

Helping your child associate language with positive experiences, like making choices, strengthens her belief that using words really works. "Whenever a parent makes demands or gives commands, she is asserting power over her child," Dr. Shure observes. "Giving choices empowers a child by making her part of the

decision-making process."
Ideler agrees: "There are times when I'm in a rush, and I know it would be faster and easier for me just to jump in and make

the decisions. But in my house, this only leads to temper tantrums and frustrating parenting moments. So I try to give the kids freedom to make some of their own choices. It boosts their confidence and self-esteem tenfold."

TEACH KIDS TO ASK

No sooner has your child mastered the concept of no, then he's off and running, trying to figure out how to express his positive desires, as in "I want... I need... It's mine." He's likely to employ a great short-term solution: A quick snatch and the toy is his, without having to wrestle with complicated phrases like "Could we share...?"

That means it's up to parents of the 4 and under crowd to point out other options, says Dr. Levin. The first step is to clarify with your child what the problem is. When Sonva Ostrowski, of Ann Arbor, Michigan, picked up her 4-yearold-son, Ethan, after preschool, he was noticeably agitated. It didn't take much coaxing before he disclosed his dilemma: A classmate had taken his favorite tractor during playtime. Although her first instinct was to sympathize with her son, Ostrowski reconsidered. "I tried instead to help Ethan see exactly why he was upset by saying, 'Oh, so there was only one tractor, and you both wanted to play with it?""

The next step, says Dr. Levin, is to help your child find a solution. "I suggested that Ethan ask his playmate to take turns when it was playtime again," Ostrowski relates. "And Ethan decided that he could ask his teacher if there were other trucks for him to play with."

By age 5 or 6, children are developing the skills they need to envision multiple solutions to a problem, according to Dr. Levin. But even then, if grabbing is faster than negotiating, they may wonder, "Why bother?" In the short term,

kids need to learn the rules: "In this house, we ask before we take." But in the long run, "you need to instill a sense of empathy in a child this age," says Dr. Levin, so he understands that his actions have consequences—they can affect the way other people feel.

Learning that people can have different feelings about the same event arms your child

trol," explains Philadelphia



with another powerful tool for negotiating tough situations, says Priscilla L. Vail, a learning specialist in Bedford, New York, and author of "Words Fail Me." Help strengthen his understanding of differing points of view by asking questions when problems arise: "You just took Jimmy's favorite toy. How did you feel when your brother took your toy the other day? What made you feel better? Can you think of a way we could make Jimmy feel better?" Recalling a similar experience of their own helps kids step into another person's shoes.

ALL WORDS ARE NOT EQUAL

Sometimes, getting kids to use their words is not the problem—it's which words they use. "On the way back from a Girl Scout meeting one night, Margaret began to taunt her younger sister, calling her a baby for always copying her," says Ideler. "At one point, she even told Lindsey she hated her."

Sound familiar? Name-calling is an inevitable part of growing up. Angry words, like physical aggression, appeal to kids because they yield an immediate response, even if it's in the form of a reprimand. How you handle these insults depends on a child's age. "When a 2-, 3-, or even 4-year-old curses or uses angry words, she may be imitating someone or think it's funny, but she doesn't fully understand what she's saying," Dr. Shure says. "Tell her calmly that those words are not nice. Ask her if she can think of another way to say what she's feeling. But don't make a big deal out of it, since toddlers will delight in provoking you by

keeping it up." By the age of 5 or 6, children are capable of understanding the negative effect certain words have on others, and they may use these words to increase their feelings of control and importance. "Putdowns can be powerful in ways that are hurtful," says Dr. Levin, but again, punishing a child for using inappropriate language may only increase its appeal. A better way to deflate the power kids often attach to "bad" words is to ask your child what she thinks she's saying. ("Can you explain what you mean when you say F#@*?") Once she finds more suitable words to express herself, tell her that you now understand how she feels.

Back at the Ideler house, once Margaret stopped teasing her little sister and seemed in the mood to talk, her mother asked about the incident after Girl Scouts. Margaret told her mom she was angry at Lindsey for tagging along to her meeting. "I could see she was upset," says Ideler, "but I didn't want Margaret to be frustrated with her sister. I wanted her to use words to work out how she felt and to find ways to respond to the situation better the next time."

That's when "I" statements come into play, as a way to help kids distin-

guish between what they feel and what has happened, explains Dr. Levin. Saying "I feel angry when Lindsey tags along all the time" or "I'm mad because Lindsey came to my Girl Scout meeting" pinpoints the real problem and diffuses frustration that otherwise might build into another outburst of hateful words. Says Ideler: "I assured Margaret I'd reserve

don't want to share. language for problem-solving

2- TO 4-YEAR-OLDS: Using a pad and crayons, draw a picture for your child, such as a barnyard full of animals. Together, invent a story about it. With children this young, you'll need to take the lead: "Look, Rabbit is eating all of Farmer's carrots. Farmer looks mad. What should he say?" Your child learns that words can make things better.

4- TO 6-YEAR-OLDS: Create a skit in which you and your child play characters having a disagreement. Perhaps you are princess pals and one princess wants to play in the garden, the other in the enchanted castle. Take turns explaining why you think your idea is better. Then switch roles and assume the other character's point of view. Expressing different sides of a problem strengthens a child's ability to compromise.

6– TO 8-YEAR-OLDS: Read a book together that reflects issues your child is dealing with, like Beverly Cleary's Beezus and Ramona. Help your child draw parallels to her own life. ("This reminds me of the other day when your brother wouldn't share his Nintendo.") Using the book as a starting point, talk together about new ways she might handle similar situations in the future.

certain activities just for her, but other times Lindsey might join her, and she'd have to be a big girl and accept that. Words helped us see what the problem was and come up with a fair solution."

WHAT MATTERS MOST

Ultimately, children learn by example. How you respond to them has a greater impact than a million reminders to "use your words." So the next time your preschooler is on the verge of a meltdown, watch what you say, says Dr. Shure. Keep your voice calm and focus on problem-solving rather than chastising or dictating. Being heard is a youngster's main concern, Vail adds, and it's a parent's job to help him see that language, not acting out, is the most effective way to do that. "Teaching your child the power of language is a two-way street," she says. "He needs to know that if he uses his words, you'll be there to listen to them."

Julia Savacool is Child's editorial assistant.

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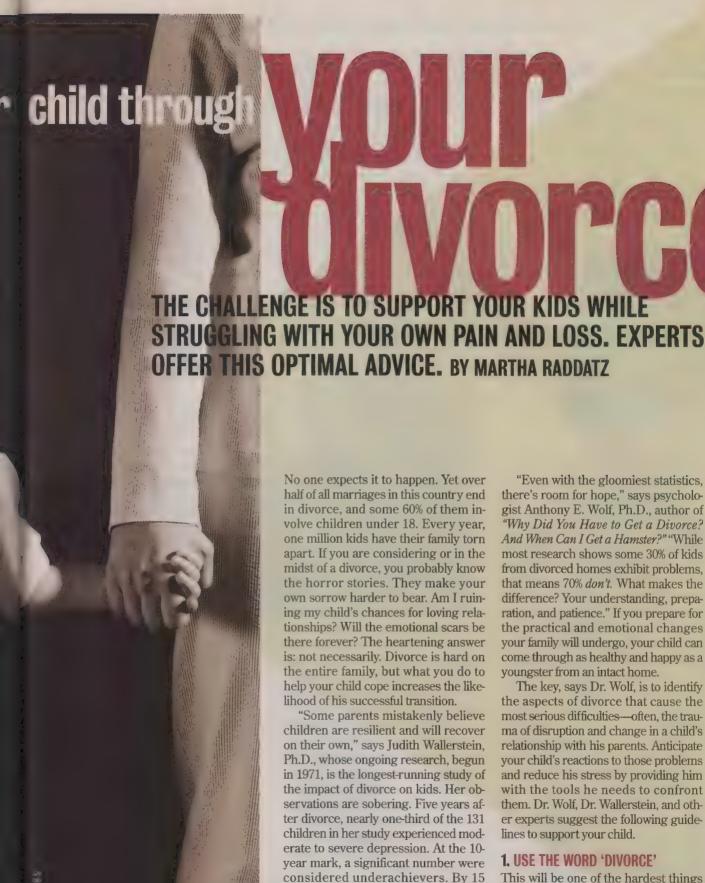


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Seven essential ways to help your





years, as her subjects entered their 20s,

many complained of difficulty establish-

ing strong romantic relationships.

"Even with the gloomiest statistics, there's room for hope," says psychologist Anthony E. Wolf, Ph.D., author of "Why Did You Have to Get a Divorce? And When Can I Get a Hamster?" "While most research shows some 30% of kids from divorced homes exhibit problems. that means 70% don't. What makes the difference? Your understanding, preparation, and patience." If you prepare for the practical and emotional changes your family will undergo, your child can come through as healthy and happy as a

The key, says Dr. Wolf, is to identify the aspects of divorce that cause the most serious difficulties-often, the trauma of disruption and change in a child's relationship with his parents. Anticipate your child's reactions to those problems and reduce his stress by providing him with the tools he needs to confront them. Dr. Wolf, Dr. Wallerstein, and other experts suggest the following guidelines to support your child.

1. USE THE WORD 'DIVORCE'

This will be one of the hardest things you'll ever do, but you must do it. Dr. Wallerstein says the first step is to make clear to your child exactly what's



happening. One of the biggest mistakes parents make, she reports, is not telling their young child they're divorcing. Many parents want to avoid the words *divorce* and *separating*, saying instead only that "Mommy and Daddy are going to live in different houses." This abbreviated explanation will confuse a child and raise questions, which may go unasked, for years. "Divorce is the word the world uses," says Dr. Wolf. "Any other term seems evasive."

If your child is old enough to understand the spoken word, around 2 years of age, says Risa Garon, executive director of the Children of Separation and Divorce Center in Columbia, Maryland, you should explain the separation in simple, straightforward language. (For suitable remarks, see "Age-by-Age Answers Kids Need to Cope," opposite.)

Send him off to your ex's with your blessing.

"Parents should not divulge their plans so far in advance their child has a few weeks or months to think about the divorce," says Garon, "but she should be given enough time to digest the information, ask questions, and avoid panic." Two weeks before the actual breakup seems to be best for almost every age, notes Garon. Dr. Wolf adds what's most important is that whenever the split occurs, the parent be available at all times to answer the child's questions and to spend time with her. Schedule your talk for when you have a stretch of time to be together.

There's no need to tell your child the news is "terrible," but it should be imparted with a mixture of sadness about what has happened to your marriage and optimism about what the future holds. Dr. Wallerstein suggests both parents address their child: "Jill, we have something important to talk about with you. Let's sit down for a little while together." Be sure to tell your youngster the marriage was once a happy one—that she was born of love. "When Mom and Dad decided to get married, we loved each other very much. We had you, our wonderful daughter. We were so happy with you and always will be. But Dad and Mom found out that we don't make each other happy."

Remind your child of the times you and your spouse argued or cried, or simply point out that "Mom and Dad don't spend any time together anymore." Your child does *not* need to know any "adult" details; it's inappropriate to tell her other people are involved or to place blame for the breakup on either parent. That will

only make her feel torn about loving both parents.

2. TELL YOUR CHILD IT'S NOT HIS FAULT

In the initial discussion and whenever the topic comes up again, stress over and over to your child that he will always make his parents happy, that he had nothing to do with the fact his parents chose to divorce, and that parents *never* divorce their kids. "Children may blame themselves because they're egocentric," says Dr. Wallerstein, "but hav-

ing their parents contradict this will help them recover from that notion."

Dr. Wolf recommends that even if the divorce doesn't come up in conversation in the months following the split, a parent should occasionally say, "Do you ever worry Dad and I divorced because of something you did?" Regardless what your child answers, you should respond, "Nothing you did had anything to do with why Dad and I got a divorce." In addition to letting him know the breakup is not his fault, make it clear it's not within his power to get his parents back together again.

3. EXPLAIN THE DIVORCE TO HER IN PRACTICAL TERMS

Whatever your child's first reaction, her next thought will most certainly be "What happens to me?" Tell her right

age-by-age answers kids need to cope

HOW TO TELL HER: "MOMMY AND IF SHE ASKS WHY. DADDY ARE GETTING A DIVORCE...." AGES WHY YOU CAN RESPOND. WHY 2 to 4 "That means Mommy and Daddy will live in A toddler or a preschooler "This is something that Mom-By telling her that Mommy and years old different houses and won't be married anymy and Daddy have decided is won't comprehend your ex-Daddy have made their final more. You'll live with Mommy for half the planation as much as she will the best thing for us to do." decision together, you relieve week and with Daddy at his new house for notice changes. Give specific her of any responsibility for the rest of the week. Daddy and Mommy love details-short and to the the divorce—she will feel, you very much and always will, but this is point-of how her daily rouappropriately, that it is out of something that we've decided we have to do." tine will alter. her hands. "That means Mommy and Daddy won't be 4 to 7 At this age, a child is capable "Sometimes, people are very Young school-age kids grasp of understanding more married anymore and won't live together. different and don't figure that vears old analogies well when trying We're sad about what's happened because it details about your decision out for a long time. It's like a to understand why Mommy wasn't what we planned. But Mommy and but still needs reassurance bird marrying a fish! At first, and Daddy are getting dithe bird and the fish are very Daddy will be happier this way. You'll live here that she had nothing to do vorced. Rather than explainwith Daddy [or Mommy] and spend time with your breakup. happy together, but then they ing abstract concepts of every week with Mommy at Grandma's for realize they weren't a good love and happiness, you now. We want you to know that even with match at all. The bird can't live present concrete examples this decision we've made to end our marriage, in the water, and the fish can't of incompatibilities. we will always love you. Parents never divorce live on the land. Mommy and their kids-your mom will always be your Daddy are like that.' mom, and your dad will always be your dad." By acknowledging your child's "You've probably noticed Mom and Dad "We tried very hard to make 7 to 12 A child this age may blame her haven't been getting along lately. We've tried familiarity with the situation our marriage work, we did parents for the divorce, so let vears old to work out our differences but can't seem to at home, you let her know everything we could, but we her know you made every make each other happy, so we think the best you're aware she can undercan't seem to make each otheffort to maintain the family. thing to do is to divorce. Don't worry, you stand what you're about to er happy. So we have made She'll probably want to know won't be moving out of the house. You'll stay tell her. An older child may the decision to get a divorce." why the breakup is happening, here with Mom [or Dad], and Dad will live in fear the consequences of

divorce, so it's important to

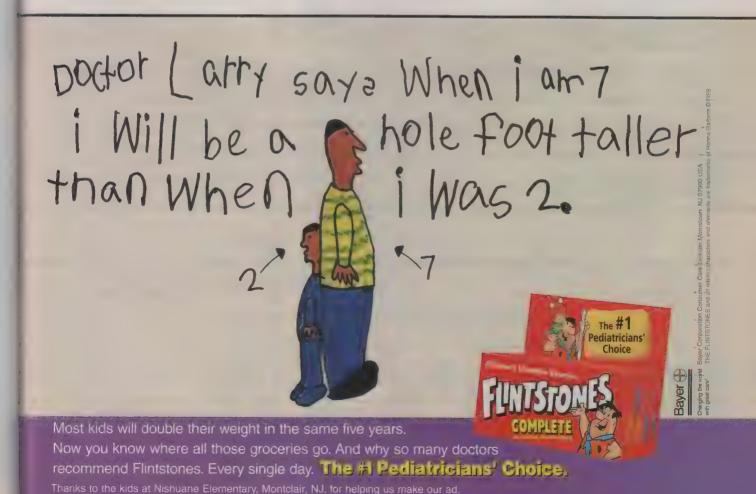
get right to the changes she

can anticipate in her life.

an apartment nearby. This won't change your

school or your friends or how we feel about

you. Both of us will always love you."



but don't get into detailed

explanations. Prolonging the

whys is a way for her to deny

the divorce is really occurring.

child.link www.divorcenet.com provides good chat rooms and bulletin boards; www.divorceonline, com features easily navigated articles and lively discussion forums.

away about the practical arrangements, so she knows what to expect and is prepared for the changes. You can share only the plans you've made, so reply honestly that you don't know when questioned about undetermined possibilities. If her father is moving out, says Garon, explain when, where, and how often she will see him. If she will have a bedroom in his new house, tell her so and also that she can take any special toys she wants with her. Give her as much detail as possible about how her life will change and how it will not. If possible, says Garon, maintain the structure of your child's life. Make every attempt to stay in the same school and neighborhood until she's adjusted to the initial shock of the divorce—a process that typically takes a year or two.

These developments will be overwhelming to your child, so whether she's angry, crying, or quiet, Dr. Wolf suggests you stick to this basic information. There's no need to explain further why you're getting divorced or to draw out a child who responds with stunned silence. However, if she's confused or in denial, go over the news again. Comfort her, and talk about

it again the next day if she wishes.

4. GIVE HIM EXTRA ATTENTION

A child's sense of security, says Dr. Wolf, comes from a belief that Mom and Dad will always be together. When that's destroyed, the child feels betrayed. Many of the kids in Dr. Wallerstein's study related initial feelings of abandonment after their parents' split. While parents are understandably preoccupied during a divorce, it's crucial for them to address their child's enormous need for reassurance that they'll take care of him even if they live apart.

"Every parent knows what comforts his child," says Dr. Wallerstein, whether it's a warm bath or a bedtime story. These rituals should be increased, even if your child doesn't request them. Your preschooler may become clingy, so spend the extra half hour it takes to say goodbye at school. If he asks for his favorite meal again, indulge him.

Follow routines as often as possible, advises Dr. Wallerstein. At a time when your child may worry his life is falling apart, anything that introduces or maintains structure. like a set bedtime or a weekly trip to the grocery store, is comforting.

5. AS HARD AS IT MAY BE, SHOW RESPECT FOR YOUR EX-SPOUSE

It's essential, say experts, that you try your best to accomplish this. "You don't have to agree with everything the other parent does," says Dr. Wolf. "But it's to everyone's advantage if you support your exspouse as a parent," adds Dr. Wallerstein. "It puts a terrible strain on kids if parents don't treat each other with grace. The most wonderful thing that you can do for your



children when sending them off to the other parent is to assure them that they go with your blessing."

If your ex-spouse is truly neglectful or abusive, seek counseling and legal help. If your child simply doesn't like the other place or her mom's new boyfriend, you should recognize her displeasure while still encouraging her to go.

If you try to monopolize your child's loyalty, you'll lose in the end. She'll make her own judgments, says Dr. Wolf, based on her experience, not on what you say.

6. ENLIST HIS TEACHERS AS YOUR PARTNERS

As soon as possible after breaking the news to your child, inform his teacher and principal about your domestic situation, so they can help you determine



how your youngster is coping with the change. Dr. Wallerstein suggests telling the teacher that you don't want your child to be singled out, but that this might be a time when he'd benefit from some extra attention. Let school administrators know that you would like to be notified immediately if your child shows any signs of distress. If necessary, the school psychologist or your pediatrician can refer you to a child psychologist.

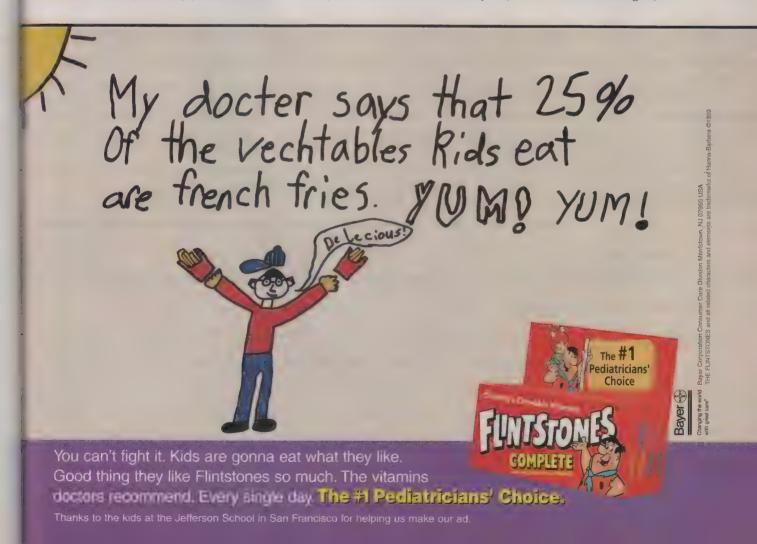
How you deal with divorce outwardly

tells others a lot about how you view the situation. Don't give the impression you feel stigmatized by your change in marital status. The best way to demonstrate that your home is not "broken" is to act like a family, says Garon. "Do all the things families do," she suggests. The more open you feel about your new life, the more open your child will feel, too.

7. DON'T FORGET ABOUT YOU

Parents must understand they cannot go through this alone, say the experts. That may mean talking to a therapist, cleric, or rabbi. Or asking family to help with the kids so you have some time to yourself. You need and deserve emotional and practical support. Many organizations around the country offer both. As Garon observes, "Nurture yourself, and you will be better at nurturing your children through this difficult time."

Martha Raddatz is an ABC News correspondent and a happily remarried mother of two based outside Washington, DC.



Blanker \$88 by I Golfini Too, Basket with velvet liner and coverlet, \$250, by Ruby & Coco.



Rub-a-dub robe

Far left: Hooded terry-cloth bathrobe, \$32, by Absorba.

A sweet, cozy set

Left: Gown, cap, and matching booties (not shown), \$13, by Gerber Childrenswear.

Pure as snow

Far right: Three-piece set, \$59, by Little Me.

Preppy baby

Right: Footed romper with navy piping, \$35, by Ralph Lauren Layette.









Newborn knits

Far left: Cardigan, \$48, and hat, \$15, with drawstring pants, \$36, and booties, \$24, all by Zutano Knits.

Snappy chic

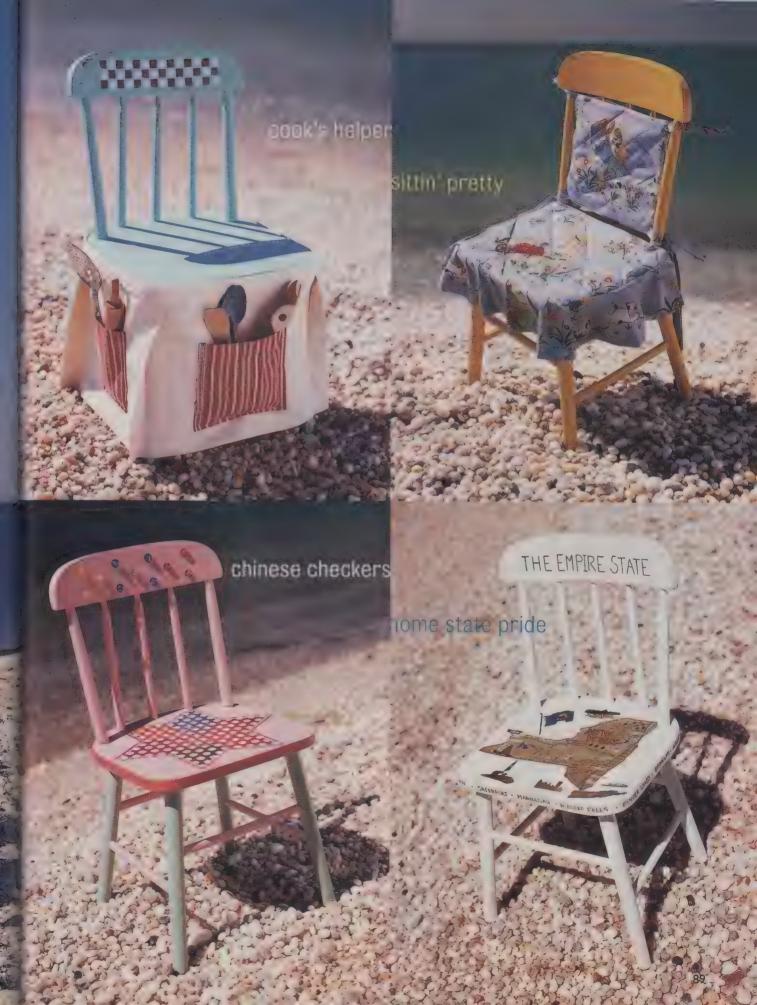
Left: Embroidered side-snap creeper, \$32, and hat, \$22, by DKNYbaby.

See shopping guide, page 122, for details.

just like new

We've got clever ways to spruce up your stuff, whether it's Grandma's old bed or a flea market find, by ELEEN KASDESKY





give your old furniture a face-lift

We all have furniture that's a little raggedy, and for whatever reason, we just can't seem to let go of it. Maybe it's your great-aunt's dresser that's gathering dust in the attic or the pint-size chairs you grew up with that have taken residence in your kids' playroom. With our renovation ideas, you'll want these pieces front and center in your home. The elbow grease required to transform your furniture is minimal—each project can be completed in a weekend (or less!). But if our solutions don't inspire you to roll up your sleeves, you can order pieces like the ones shown. See page 122 for details.

SLEEPING BEAUTY Supplies: Fine sandpaper, latex eggshell-finish paint, acrylic paints for accents, Mod Podge glue (at craft stores), color photocopies of pictures and text, polyurethane, paintbrushes. Directions: Lightly sand wooden bed frame until smooth. Apply two coats of paint (let dry between coats). When dry, decoupage images on headboard and sideboards using directions on Mod Podge container. Apply accent colors as desired. Let dry. Apply two coats of polyurethane to seal.

COOK'S HELPER Supplies: Latex primer, fine sandpaper, acrylic paint in two shades of one color, crackle glaze (at craft stores), polyurethane, paintbrushes, I yard canvas fabric, 48" Velcro, ½ yard striped fabric. Directions: Prime chair, let dry, and sand. Paint chair with darker shade. Apply crackle glaze as directed. Use lighter shade to paint chair again. Let dry. Apply polyurethane. For skirt: Cut 3" x 49" piece of canvas for the waistband. Cut another

anappy dresser

piece of canvas, $14" \times 56"$, for the skirt. Fold four $1\frac{1}{2}"$ pleats into skirt and iron. Pin skirt onto waistband piece and sew. Sew one $10" \times \frac{1}{2}"$ piece of the striped fabric to each side of waistband for ties. Cut two $5" \times 7"$ pockets, and another $6" \times 7"$ pocket out of the striped fabric and sew on skirt. Hem skirt to 12". Attach Velcro to skirt waistband and chair using package directions.

SITTIN' PRETTY Supplies: Latex primer, fine sandpaper, acrylic paint, paintbrushes, butcher's wax (at hardware stores), $1\frac{1}{2}$ yards fabric, batting. Directions: Prime chair, let dry, and sand. Apply two coats of paint. Let dry. Apply butcher's wax. For back cushion: Cut two $12^n \times 12^n$ pieces of fabric, and one $12^n \times 12^n$ piece of batting. Sandwich batting between fabric. Fold edges into each other and sew. Sew diagonal lines in fabric in one direction, then repeat in opposite direction to form a quilted pattern. Sew one $16^n \times \frac{1}{2}^n$ piece of fabric to each corner for ties. For bottom cushion: Cut two $11^n \times 16^n$ pieces of fabric, and one $11^n \times 16^n$ batting piece. Sandwich and fold in edges on one side to finish. Repeat quilting procedure above. Cut a $7^n \times 38^n$ piece of fabric, gather and pin along three remaining sides of cushion, and sew. Attach $16^n \times \frac{1}{2}^n$ ties to back corners. Hem skirt to 5^n .

CHINESE CHECKERS Supplies: Latex primer, fine sand-paper, acrylic paint, power drill, II marbles, Crazy Glue, Mod Podge glue, color photocopy of Chinese checkerboard, I" foam paintbrush, polyurethane. Directions: Prime chair, let dry, and sand. Apply paint. Using drill, bore II holes in back of chair so that marbles fit three-quarters of the way in. Glue marbles in holes. Decoupage checkerboard on seat (see directions on Mod Podge container). Bore holes into spaces on checkerboard (so that kids over the age of 4 can play the game with an extra set of marbles). Apply two coats polyurethane. Let dry.

HOME STATE PRIDE Supplies: Latex primer, paintbrushes, coarse sandpaper, Mod Podge glue, color photocopy of map image, wood burner (at craft stores, about \$15), polyurethane. Directions: Prime chair, let dry, then sand until wood has a distressed look. Glue map to seat of chair using Mod Podge glue. With wood burner, write state-related messages around the seat rim and back of chair. Apply polyurethane. Let dry.

SNAPPY DRESSER Supplies: Fine sandpaper, painter's tape, latex eggshell-finish paint, stencil, stencil brush, white glossy spray paint, polyurethane. Directions: Lightly sand a painted dresser. Using tape, mark a center stripe down the top and front of dresser. Paint stripe, let dry. Stencil design. Remove drawer pulls, spray paint them, let dry, and reattach. Apply polyurethane. Let dry.

90 August 1999 child

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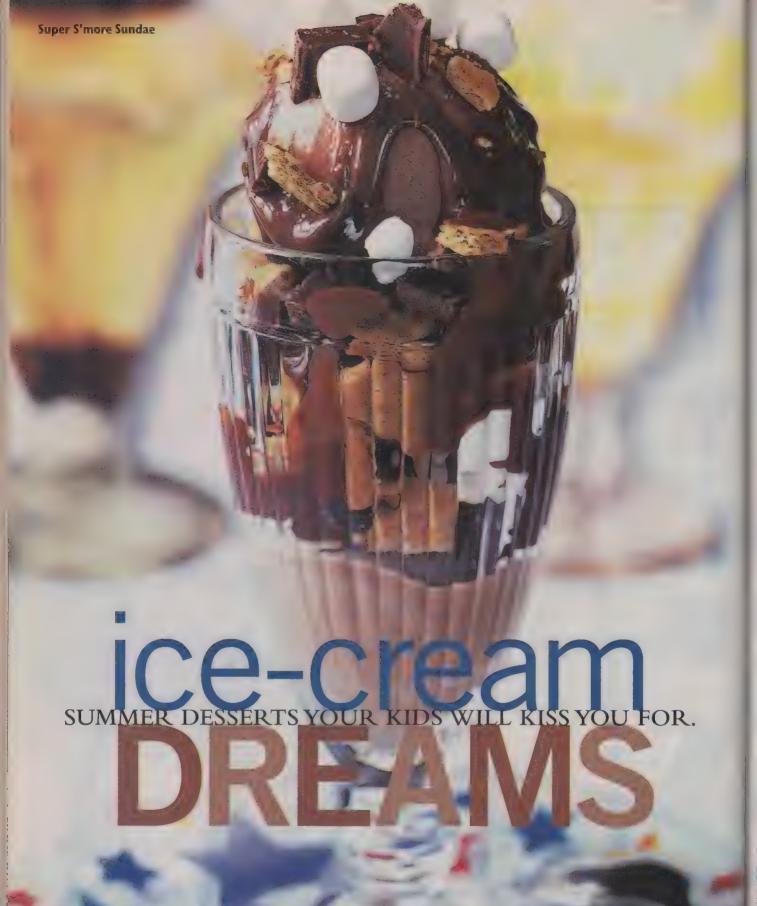


START

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Helping Your Child

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BY LAURIE GOLDRICH-WOLF

ew foods are as closely associated with childhood and happiness as ice cream. To celebrate this feel-good treat, we went beyond the basic cup or cone to create desserts that are fun to make and even more fun to devour. Don't hesitate to substitute your family's favorite ice-cream, frozen yogurt, or sorbet flavors in the following recipes. Then enjoy digging in!

SUPER S'MORE SUNDAE

SERVES I

- 2 scoops chocolate ice cream
- 6 Tbs. chocolate sauce
- 1/2 cup mini-marshmallows
- 2 double graham crackers, crumbled
- I milk chocolate bar, broken into chunks
- I scoop vanilla ice cream Whipped cream
- I. Place a scoop of chocolate ice cream in a tall sundae glass. Drizzle with 2 Tbs. of chocolate sauce, and sprinkle with a third of the marshmallows, a third of the graham cracker crumbs, and a third of the chocolate chunks. Add a scoop of vanilla, and repeat toppings. Finish with other scoop of chocolate ice cream, and top with remaining ingredients and a dollop of whipped cream.

PURPLE-LICIOUS FLOAT

- 4 scoops vanilla ice cream
- I 16-oz. bottle of grape soda

Place 2 scoops of ice cream in each of 2 tall glasses. Pour soda over ice cream, and fill to the top. Serve immediately.

DREAM BITES

MAKES 8 PIECES

- 8 small scoops vanilla or chocolate ice cream, frozen solid
- 8 Hershey's Kisses
- bottle Smucker's Magic Shell Topping, peanut butter flavor
- I. Remove 4 frozen ice-cream scoops from freezer, and allow to soften at room temperature for 8 to 10 minutes. Press a Hershey's Kiss, pointy side first, into the bottom center of each scoop. Smooth ice-cream scoops to conceal candy, and return to freezer. Repeat with remaining 4 scoops. Let scoops harden in freezer for at least 30 minutes on a tray with wax paper.

2. When scoops are firm, remove 4 from freezer. Cover entirely with peanut butter topping, and return to freezer. Repeat with remaining 4 scoops. Let harden in freezer for at least 30 minutes.

FROZEN RAINBOW CAKE

SERVES 8 TO 10

- l loaf-shaped pound cake, cut horizontally into thirds
- I pint orange or mango sorbet, softened for 8 to 10 minutes at room temperature
- I pint raspberry or strawberry sorbet
- 1 8-oz. container frozen whipped topping, defrosted
- 1/4 cup rainbow sprinkles
- 1. Place bottom slice of pound cake on your work surface. Quickly spread the softened orange sorbet to cover, smooth with back of spoon, and return to freezer for at least 45 minutes.

- 2. Remove from freezer, and top with middle slice of pound cake. Freeze for 15 minutes. Remove from freezer, and top with raspberry sorbet that's been softened for 8 to 10 minutes at room temperature, smooth with back of spoon, and return to freezer for 45 minutes.
- 3. Top with remaining layer of pound cake, and freeze for 30 minutes. Remove from freezer, and completely cover sides and top with whipped topping. Decorate with the sprinkles, and return to freezer to harden for 30 minutes. Slice vertically and serve.

SUPER-SIMPLE STRAWBERRY POPS

MAKES 6 POPS

- 2 6-oz. containers strawberry yogurt (not frozen yogurt)
- 8 oz. prepared vanilla pudding
- I. In a medium bowl, combine yogurt with pudding and mix well.





2. Divide mixture among 6 3-oz. paper cups. Place a small square of foil over each cup, and make a small slit in the middle with a knife. Place a Popsicle stick into each of the 6 slits in the foil, and push the stick to the bottom. Freeze for several hours, until firm. Peel off paper cups and serve.

CARAMEL BANANA PIE

SERVES 8 TO 10

- I ready-made chocolate or graham cracker pie shell
- 2 bananas, cut in ¼-inch-thick slices
- 1/2 cup caramel sauce
- I 5-oz. chocolate crisped rice bar (such as Nestlé Crunch), chopped
- I quart butter pecan ice cream, softened in the refrigerator for I hour

Whipped cream

- I. Cover pie shell with a single layer of banana slices. Pour ¼ cup caramel sauce over bananas, and set aside remaining sauce. Set aside ¼ cup of the chopped chocolate bar, and top banana mixture with remaining chocolate.
- **2.** Spread softened butter pecan ice cream over pie mixture and spread as evenly as possible. Place in the freezer, and let harden for 45 minutes.
- **3.** Remove pie from freezer, and top with whipped cream. Drizzle with remaining caramel sauce, and sprinkle

with remaining chopped chocolate. Serve immediately or return to freezer.

ICE-CREAM COOKIE DOME

SERVES 12 TO 14

- I quart mint chocolate chip ice cream, softened in the refrigerator for I hour
- 10 to 18 chocolate chocolate-chip cookies
- I quart cherry vanilla ice cream
- l bottle Smucker's Magic Shell Topping, chocolate flavor
- I. Line the inside of a 2½-quart freezerproof bowl with plastic wrap, allowing about 2 inches of plastic to hang over the rim of the bowl. Spread mint ice cream evenly inside the lined bowl. Set aside 5 or 6 cookies. Press remaining cookies onto the ice cream side by side, and freeze for 1 hour. When placing the bowl in the freezer, remove cherry vanilla ice cream from freezer and set in refrigerator to soften for 1 hour.
- 2. After 1 hour, spoon the softened cherry vanilla ice cream into the bowl with the mint ice cream and cookies, filling it to the rim. Return ice cream to freezer to set for at least 8 hours or overnight.
- **3.** Invert bowl onto a serving platter. Lift the bowl and remove the plastic. Pour chocolate topping over the entire dessert. Cut remaining cookies in half, and press onto sides for garnish.

PB&J ICE-CREAM SANDWICHES

MAKES 12 SANDWICHES

- I pkg. refrigerated peanut butter cookie dough
- I pint chocolate or vanilla ice cream
- 3/3 cup strawberry jam
- I cup chopped peanuts
- 1. Prepare the peanut butter cookies according to package directions. Allow to cool thoroughly.
- 2. Let ice cream soften for 8 to 10 minutes at room temperature. Spread the bottom (the flatter side) of 12 cookies with a little of the jam and set aside. Place a heaping tablespoon of ice cream on 12 other cookies. Sandwich the jamand ice-cream-topped cookies together and return to freezer for 10 minutes.
- 3. Spread out chopped peanuts in a large bowl or on a plate. Remove sandwiches from freezer, and roll their sides in the chopped peanuts. Return to freezer for at least 30 minutes.

WAFFLE TREATS

MAKES 4 SANDWICHES

- 8 round toaster waffles, toasted
- I pint caramel ice cream, softened at room temperature for 8 to 10 minutes
- 8 sliced strawberries
- I. Place a softened scoop of ice cream in the center of each of 4 waffles. Smooth the ice cream so that it covers most of the top of the waffle.
- **2.** Top with strawberry slices and then with remaining waffles. Place in freezer to harden for at least 1 hour.

ICE-CREAM SANDWICH CAKE

SERVES 8 TO 10

- 6 ice-cream sandwiches
- l 12-oz. container frozen whipped topping, defrosted
- 2 cups crushed malted milk balls or M&M's
- 1/3 cup chocolate sauce
- I. Line an 8 x 8-inch square pan with ice-cream sandwiches. (To fit, you may need to trim some sandwiches at ends.)
- 2. In a medium bowl, combine whipped topping with candy. Spread mixture over sandwiches. Return to freezer for 30 to 40 minutes, or until firm.
- **3.** At serving time, remove from freezer. Cut and place individual servings on plates; drizzle with chocolate sauce. ■



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ELIZABETH NAPLES

LIKE TAKING HER DAUGHTER TO weekend dance competitions or ferrying her son to preschool every day, headaches are just a part of the routine for Ann Struckman, 34, of Colorado Springs. When they strike, sometimes simply drinking a glass of water helps. Other times, the pain is so severe she feels unable to do anything except lie on her bed in the dark.

Hundreds of women like Struckman experience headache pain, but many don't find it worthy of a doctor's visit. "Patients apologize for coming to see me for something as 'silly' as a headache," says Elizabeth Loder, M.D., director of the Headache Management Program at Spaulding Rehabilitation Hospital in Boston. The pain headaches cause can be serious enough to warrant a doctor's visit, but headaches should also be checked out in case they're signaling an underlying health problem. "Headaches can be symptoms of very serious conditions like brain tumors, aneurysms, and meningitis," says Merle Diamond, M.D., associate director of the Diamond Headache Clinic in Chicago.



HELP FOR YOUR POUNDING HEADACHE

FOR MANY WOMEN, THIS RELENTLESS PAIN IS ROUTINE. HERE'S THE LATEST THINKING ON CAUSES, TREATMENTS, AND CURES. by Gail Hoch O'Connor

There are three kinds of headaches: tension type, migraine, and cluster. The symptoms of each are very different, but they all have one thing in common: Researchers aren't sure what causes them. Therefore, it's necessary to get as much information as possible so that you can find the best treatment for your symptoms. Here's what you need to know:

Tension-type headache

Tension-type headache is the medical term for the common headache. The pain, which can come on gradually or all at once, feels like a dull ache stretching from your forehead to the back of your neck. "For most of us, tension-type headache goes away with a pain reliever," says Dr. Loder. Others have chronic tension-type headaches, with the pain lasting anywhere from 15 days to every single day over the course of years.

Physicians used to believe that these headaches were caused by stress. They now say the cause is more biological, but mood can play a role: "There's no evidence that stress *causes* headaches," explains Dr. Loder. "Though it could certainly *aggravate* them."

Fortunately, these headaches are easily treatable. "Start with nondrug approaches," says Dr. Loder. "Don't skip

meals, get enough sleep, and exercise regularly." When pain strikes, try massaging your scalp and neck.

If these low-tech attempts fail, the next step, according to Dr. Loder, is over-the-counter painkillers. A small amount of caffeine, say half a cup of coffee, will increase drug absorption, speeding up relief.

Migraine headache

Anyone who's ever had to cope with a migraine—especially around an active toddler—knows that it deserves its bad rap. The hallmark of a migraine is throbbing pain (Continued on page 107)

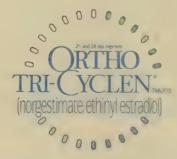


There's a highly effective birth control pill that can actually help clear up your skin too. Ortho Tri-Cyclen. It provides you with a low daily dose of hormones that prevent pregnancy, while actually lowering the level of the hormone in your body that's likely to cause acne. In clinical tests, only Ortho Tri-Cyclen has been proven to help reduce mild to moderate acne—nearly nine out of ten women saw significant improvements in their skin.

Ortho Tri-Cyclen can be a good choice for women 15 or over with mild to moderate acne who have reached menstruation, are seeking contraception, have no known contraindications to birth control pills, and are unresponsive to topical acne medication.

Ortho Tri-Cyclen is more than 99% effective at preventing pregnancies when taken correctly. And what's more, pills like Ortho Tri-Cyclen may even work with your body to reduce cramps, increase regularity, and lighten your flow.

Oral contraceptives are not for everybody: most side effects of birth control pills are not serious. Those that are, occur infrequently. Serious risks of all birth control pills, which can be life threatening, include blood clots, stroke and heart attacks, and are increased if you smoke cigarettes. Cigarette smoking increases the risk of serious cardiovascular side effects, especially if you're over 35. Women who use oral contraceptives are strongly advised not to smoke. Some women should not use the Pill, including women who have blood clots, certain cancers, a history of heart attack or stroke, as well as those who are or may be pregnant. Speak to your doctor or other health care professional about these risks. The Pill does not protect against HIV or sexually transmitted diseases.



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ORTHO-CYCLEN. (norgestimate/ethinyl estradiol)

Patients should be counseled that this product does not protect against HIV infection (AIDS) and other sexually tra

Presents should be countered that this product oces not protect against this intercon (Alux) and of ORTHO-CYCLEN Each blue tabled contains 0.250 mg norestimate and 0.058 mg eithinyl establed.

ORTHO THI-CYCLEN Each white tablet contains 0.180 mg novestimate and 0.058 mg eithinyl establed. But blue tablet contains 0.215 mg norestimate and 0.058 mg eithinyl establed. Back blue tablet contains 0.215 mg nonpestimate and 0.058 mg eithinyl establed. Back blue tablet contains 0.215 mg nonpestimate and 0.058 mg eithinyl establed. Back blue tablet contains 0.215 mg nonpestimate and 0.058 mg eithinyl establed. Back green tablet in the 0.074 mg nonpestimate and 0.058 mg eithinyl establed. Back green tablet in the 0.074 mg nonpestimate and 0.058 mg eithinyl establed. Back green tablet in the 0.074 mg nonpestimate and 0.058 mg eithinyl establed. Back green tablet green tablet

INDICATIONS AND USAGE: Prevention of pregnancy Treatment of moderate acre vulgaris in females, ≥ 15 years of age, who have no known contraind/cations to oral contraceptive therapy desire contraception, have achieved menanche and are unresponsive to foocal anti-acre medications. contraminations to ord commandation therapy desire contractpoon, have achieved macrice and see un regionaries topical ani-acre medication CONTRAINDIGATIONS: Oral contraceptives should not be used in women four currently have the following controls on 1. Thrombophiebits thromboembolic disorders; 2.A past history of deep vein thrombophiebits or thromboembolic disorders. 3. Gerebral viscular or coronary and disease. 4. (nown or suspected coroname of the breast. 5. Carcinoma of the herabet. 5. Carcinoma or other horabet proper propriets acrosport-propriets. 8. Undragnosed abnormal genital bleeding 7. Cholestato, aundice of pregnancy or joundice with prior pill use. 8. Hepetic adenor or carcinomas, 3. Known or suspected corporal pregnancy.

Cigarette smoking increases the risk of serious cardiovascular side effects from oral contraceptive use. This risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over 35 years of age. Women who use oral contraceptives should be strongly advised not to smoke.

The use of rall contraceptives as associated with increased risks of several service conditions including registered in factors. The risk of representation of the contraceptive services are stored, hepatic necepitatis, and galibiadder disease, elibrough the risk of services morbidly or mortality is very small in healthy women whole underlying risk factors. The risk of morbidity and mortality increases significantly in the presence of other underlying risk factors such as hypertension. Hypertension hypertensions, hyperingenians, begas and disables. Practitioners prescribing oral contraceptives should be familiar with the following information relating to these risks. Practitioners prescribing oral contraceptives should be familiar with the following information relating to these risks. The information crimated in this package linear is principally based on studies carried out in patients who used on it contraceptives with higher formulations of estrogens are projectogens than those in common use boday. The effect of long-term use of the oral contraceptives with higher formulations of been disripaged in and projectives for the disributions of estrogens are projectogens than those in common use boday. The effect of long-term use of the oral contraceptives with higher formulations of been disributed in the disributions of estrogens are an appropriate to a formulation of both estrogens and projective or an oral transport of the incidence of a disease among and contraceptive users to that among non-users. The relative risk of early only on the estruction of the incidence of a disease among and contraceptive are size of estributable risks, which is the difference in the incidence of disease between onal contraceptive users and non-users. The relative risk of early of the incidence of a disease in the population. For further information, the reader's referred to a text on epidemiological methods, which is the difference in the incidence of disease between onal contraceptive users and non-users. The attributable risks (

Norgestimate has minimal androgenic activity (see CLINICAL PHARMACOLOGY), and there is some evidence that the risk of myocardial associated with oral contraceptives is lower when the progestogen has minimal androgenic activity than when the activity is greate

independent on a metal standard country less currently to the contract of the country of the cou

Injustration The real view ralk of herioritagis stroke is regorded to be 1:2 for non-smokers who used on contraceptives; 2 for is miseases who did not use and contraceptives. The attributable risk is also greater in older vomen.

The attributable risk is also greater in older vomen.

On the contraceptive and the risk of vascular diseases from onal contraceptives.

A postive association has been observed between the amount of estrogen and progestogen in onal contraceptives and the risk of vascular diseases.

A postive association has been observed between the amount of estrogen and progestogen in onal contraceptives and the risk of vascular diseases.

A postive association has been observed between the amount of estrogen and progestogen and

Some studies suggest that cral contraceptive use has been associated with an increase in the risk of cervical intraepithelial neoplass in some populations of women. However, there continues to be conflowery about the extent to which such findings may be due to differences in sexual behavior and other factors.

behavior and other fectors.

4. HEPAID REPORASIA

Berrigh Report addresses are associated with oed contraceptive use, although the exciser core of berrigh tumors is rare in the United States, Indirect addresses are estimated the attributable risks to be in the range of 3.3 cases/100,000 for users, a risk that increases after four or more year of use exposedly with ored contraceptives of higher does Pulpare of are, benigh, hepatic advenous may cause death through inhabitorine Hernorthage. Studies from Britain have shown an increased risk of developing happacidistic accinoman in long-ferm (-.5) eyes/oral contraceptive services. However, these cancers are rare in the U.S. and the attributable risk (the excess incidence) of liver cancers in oral contraceptive users approaches less than one per million users.

5. OCULAN LESIONS

5. OCULAN LESIONS

6. ORAL CONTRACEPTIVE LIST EFFOR (in DILIBITIO SAFF) PORTIONAL CONTRACEPTIVE LIST EFFOR IN DILIBITIONAL CON

It is recommended that for any patient who has missed two consecutive periods, pregnancy should be ruled out before continuing oral contraceptive use. If the patient has not adhered to the prescribed schedule, the possibility of pregnancy should be considered at the time of the first-missed period. Oral contraceptive use should be discontinued until pregnancy is ruled out.

7. GALLE AUDIC DISCASE.

Earlier studies have reported an increased fifteiner relative risk of galibladder surgery in users of one contraceptives and estrogens. More recent studies, haven, thus shows that the relation sets of contraceptives.

Tarlier studies have reported an increased lifetime relative risk of galibladder surgery in users of oral contraceptivas and estrogens. More mount studies, however, have shown that the relative risk of developing galibladder disease among onal contraceptive users may be minimal. The meent infindings of minimal risk may be related to the use of oral contraceptive formulations containing lower information does or destingens and

findings of minimal risk may be resized to the use of our an occasionation of the propositions.

8. CAROMOPORATE AND LIPID METABOLIC EFFECTS.

9. CAROMOPORATE AND LIPID METABOLIC CONTROL and a significant percentage of users. This effect has been shown to be directly related to estroyen dose Progestizational agents insured resident and created insulin resident, this effect varying with different progestizational agents between the fine or distribution and create insulin resident between the progestization agents appear to have not extend to facility disconsistent production and distribution and the part of the significant created and the part of the pa

Childrages were sense an gascess service of the contraction of the con

913 to statistically againficant changes in mean blood pressure were observed with UNITIO-CTULE?

10 HEADADE!

The onset or exacerbation of mayrane or development of haadable with a new pattern which is recurrent, persistant or severe requires describination of on incontraceptives and evaluation of the cause.

11 BLEFDING/RREGULANTIES

Resekthrough bleeding and sporting are sometimes encountered in patients on oral contraceptives, especially during the first three months of use. Non-hormonal causes should be considered and adequate diagnostic measures taken to rule out malignancy or pregnancy in the event of breakthrough beleding is patients or early as bornal harders in patients or pregnancy in the event of any observative programs, should be finded to it. Some women any executive post-plain amenorative or information of the contraceptive features.

Some women any executive post-plain amenorative and inglimentending, especially when such a condition was preexistent 12 ECTOPIC PREGNANCY

EXPLAINABILITION AND EDIL ON UP.

PRECAUTIONS:

1 PRYSICAL EXAMMATION AND FOLLOW UP
It is good medical practice for all women to have annual history and physical examinations, including women using oral contraceptives. The physical examination, however, may be deferred until after inflation of oral contraceptives drequested by the women and judged appropriate propriate extension and provide appropriate propriate provides an advantage of the services of the ground advantage of the contraceptives and returned inflationly tools. In case of confidence of the contraceptive and increasing should be conducted to rule out masignancy. Women with a strong family history of breast contract or the breast modules should be monitored with 2. LIVED INSORERS.

2. LIVED DISCORDERS.

Women with a strong family history of breast cancer or who have breast nodules should be emeltioned with particular care.

2. LIVED DISCORDERS.

Women who are being treated for hyperipodemias should be followed closely if they elect to use oral contraceptives. Some progestogens may elevate LID, televis and may render the control of hyperipodemias more difficult.

3. LIVER FUNCTION.

3. LIVER FUNCTION.

4. LIVER FUNCTION.

4. PLUID RETENTION.

4. PLUID RETENTION.

4. PLUID RETENTION.

6. PLUID RETENTION.

4 FLIAD RETEMINON
The contraceptives may cause some degree of fluid retention. They should be prescribed willb caudion, and only with careful monitoring, in patients with conditions which might be aggravated by fluid retention.

5. EMOTIONAL DISORDERS
Women with a history of depression should be carefully observed and the drug descontinued if depression recurs to a serious degree
6. CONTACT LESISS
Contact here weariers who develop visual changes or changes in lens tolerance should be assessed by an ophthalmologist.

6 CONTACT LENSES.

Contract lens wearers who develop visual changes or changes in lens tolerance should be assessed by an ophthalmologist.

7 DRUS INTERACTIONS

Reduced efficacy, and increased incidence of breacthrough is eating and menistrual inspections, have been associated with concomitant use of inflamon it stimited association, though less marked, has been suggested with benthurstess, pherybritazone, phenybritazone, phen

e High-density (soppoten (HDL-C) and total cholesterol (Total-C) may be increased, low-density (soppoten (LDL-C) may be increased or decreased, while LDL-C/HDL-C ratio may be decreased and triglycerdes may be unchanged

To Clauses biterance may be decreased.

G. Schurch totals levels may be decreased by onal contraceptive therapy. This may be of clinical significance if a woman becomes pregnant shortly after decontinuous ord contraceptives

9. CACHARDERISES

See MPARINGS See

See WARNINGS Section
10. PRECINANCY
Programs Category X. See CONTRANDICATIONS and WARNINGS Sections
11. MIRKING MOTHERS
TO INTRANDICATIONS and WARNINGS Sections
11. MIRKING MOTHERS
Small amounts of oral contraccipine sterreds have been destified in the milk of nuclear mothers and a few adverse affects on the child have
Small amounts of oral contraccipine sterreds have been destified in the intelligent of contracting mothers and the patient of may
interfere with sciencia by decreasing the quantity and quality of breast milk. Floossible, the mixing mother should be advised not a use
combination on all contraceptives but to use other forms of contraception until she has completely weared her child

12 PEDATRIC USE
T2 PEDATRIC USE
Safety and efficacy of ORTHO-CYCLEN Tablets and ORTHO TRI-CYCLEN Tablets has been established in women of reproductive age Safety and
efficacy are expected to be the same for postpubertal acclescents under the sign of 16 and for users 16 years and cider. Use of this product
before menanche is not midcated

before menarche is not indicated

13. SEVILALLY TRANSMITTED DISEASES
Patients should be counseled that this product does not protect against HIV inflection VAIDS) and other sexually transmitted diseases
INFORMATION FOR THE PATIENTS:

The following adverse reactions have been reported in patients receiving and contraceptives and are believed to be drug-related.

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**Change in everylate revolution in lactation when given immediately (

Chestatic pumping believing

Chestatic pumping hereding

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Spotting
Change in menstrual flow
Amenorrhea

Temporary infertility after discontinuation of treatment

Melasma which may persist Breast changes: tenderness, enlargement, secretion

contraceptives and are believed to be drug-related.
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Committee of the cools and second or decrease
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Valginal candidiasis

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Stream changes tenderness, manyument, secretion
 The following advesser exactions have been reported in users of oral contra
 Pre-menstrual syndrome
 Catanacis
 Changes in appetite
 Cystis-file syndrome
 Herocachie
 Nervusiness
 Domines
 Domines

 Loss of scalp hair
 Erythema multiforme OVERDUSAGE:
Serious il effects have not been reported following acute ingestion of large doses of onel contraceptives by young children. Overdosage may cause masses and withdrawal bleeding may occur in females.

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on one side of the head (though, for some, pain occurs on both sides). Other symptoms include nausea, vomiting, light and noise sensitivity, and seeing auras—scattered colors or flashing lights. Migraines most often occur in the morning, lasting anywhere from four hours to three days.

Three times more women than men are affected by migraines, and hormone fluctuations may be the reason. Experts say keeping a headache diary that tracks your migraines and menstrual cycles can help you to pinpoint when episodes are most likely to occur. For example, 60% of female mi-

Silberstein, M.D., director of the Iefferson Headache Center at Thomas Jefferson University Hospital in Philadelphia. In fact, 75% of children who get migraines have parents who suffer as well.

Over-the-counter medications, for instance, Excedrin Migraine and those containing ibuprofen, can ease moderate pain. Stronger prescription drugs, such as Imitrex (sumatriptan) and Zomig (zomatriptan), target pain and peripher-

basic nutrition

DIETARY SUPPLEMENT

50 mg

BO TABLETS

al symptoms like nausea and auras.

Lifestyle adjustments can help, too. "Research suggests child.link The American Council for Headache Education can refer you to a doctor, Log on to www.achenet.org for information.

underreported or misdiagnosed. "My family doctor said that it was a nerve problem," says Connie Carlisle, a mother of three living in Dupont, Indiana, who had to stop working because of her cluster headache pain. "I went to three different doctors before I re-

ceived the correct diagnosis."

If you get a cluster headache, you won't soon forget it. "People think they're having a stroke," says Dr. Loder. An actual attack averages 15 minutes to two hours. These episodes occur several times a day, for periods of up to four months. The pain occurs behind one eve, with the eve often reddening and drooping. The cause may be enlarged brain blood vessels.

Since cluster headaches usually strike only once or twice a year, ongoing medical treatment isn't necessary, ac-

cording to Dr. Silberstein. Rather, physicians often prescribe short-term daily medication when an episode begins. Alternative therapies may also help: "The reason why it works is unclear, but inhaling 100% oxygen is a very effective treatment for many patients," reports Dr. Silberstein.

Cluster headaches are also associated with smoking. If you smoke, quitting will greatly reduce the severity of your symptoms. Alcohol is a trigger, too-so cutting down on drinks or eliminating alcohol altogether will help as well.

A sure-to-soothe strategy

The key to easing any headache pain is finding a doctor who will help you find the most effective treatment for your symptoms. If you suspect that your physician is not up to date on headache research or does not take your symptoms seriously, try consulting a headache specialist, which health insurance usually covers. "My pain was so severe, I felt suicidal," says Carlisle. "Finding a doctor who cares about me has made all the difference."

Gail Hoch O'Connor is a health and fitness writer who lives in Los Angeles.

FOR MANY, RELIEF MEANS MAKING LIFESTYLE CHANGES, DAILY VITAMINS. LESS ALCOHOL. AND MORE EXERCISE CAN MAKE ALL THE DIFFERENCE

graine sufferers get symptoms during their periods, so prophylactically taking pain relievers during that time can help to ward off pain.

Other hormone changes also can affect symptoms. For some, migraines increase with oral contraceptive use. Switching to either a low dose or monophasic Pill can help. Migraines disappear for about half of pregnant sufferers, but they typically worsen after delivery. For 70% of women, migraines end when menopause begins.

Migraines may be due to genetic brain abnormalities, says Dr. Stephen that taking a daily dose of 400 milligrams of vitamin B-2 may decrease symptoms," says Dr. Lo-

der. Though a small amount of caffeine can make pain relievers work faster, too much of it can make a migraine worse. Also avoid chocolate and red wine. which are migraine triggers, too.

Cluster headache

Cluster headaches are considered to be a male malady, but according to Dr. Silberstein, those in women may be

Having a headache is no picnic, especially when you've got a playdate to super vise, a week's worth of laundry to finish, and a report due to your boss by tomorrow. Here's how some busy moms deal with horrible headaches:

The best relief for a bad headache is finding a good movie for the kids to for me, I lie down on the couch with them and hold a bag of ice to the nape of my neck." — Tanya Spiegel, 34

When I got my first migraine, I'd just had my second baby, and my husband and I were planning to have 12 people over for a holiday dinner. For three days could barely open my eyes, and nursing prevented me from taking medication. While I tried to rest, my husband made all of the preparations for what turned out to be a successful get-together. So now, when I get a migraine, my solution is to delegate." —Theresa Gallino, 34

When I have a headache, I go to the den, shut the door, and read my e-mail. Some women I know do things like needlepoint to relax and feel better, but for one in need of me, and I get a chance to recuperate." — Eileen Carragee, 36



on't assume you're out of shape just because you don't have a regular workout routine. According to two recent studies, lifestyle exercise (like playing tag with your kids or taking the dog for a brisk walk) is just as beneficial to your health as structured

exercise (say, attending weekly aerobics classes or going for a daily morning jog).

In both studies, people were split into either a lifestyle or a structured exercise group. By the end of the studies, both groups showed almost identical improvements in body fat. blood pressure, and cholesterol levels. "In other words, the 100 steps you take carrying your kids' things up and down the stairs throughout the day are just as good as 100 steps on a Stairmaster," says Ross Andersen, Ph.D., an assistant professor at Johns Hopkins University School of Medicine in Baltimore and lead author of one of the studies.

"Examine your schedule to find when you can fit in 10 minutes of exercise, three times a day," says Andrea Dunn, Ph.D., head author of the

study performed at the Cooper Institute for Aerobics Research in Dallas. "Put the baby in a playpen for 10 minutes and dance. Or walk the perimeter of the soccer field during your child's games, as one of the people in our study did. Remember that exercise is exercise, no matter how you do it."

The Pill gets a makeover

The Pill is getting a whole new look. Ortho-McNeil Pharmaceutical, the maker of two of the most popular Pill formulations,

Ortho Cyclen and Ortho Tri-Cyclen, has redesigned its pill packs, making them more discreet and easier to use. A PRETTIER PACK The pills inside remain the same, but the new case is rounder and a soft peach color, similar to a makeup compact. YOU'RE IN CONTROL Instead

of the old "Sunday start" method, a new "any day start" feature lets you choose what day you want to begin taking pills according to your menstrual schedule.

FRIENDLIER FEATURES In addition to being labeled by the day of the week, the pills are now individually numbered, so it's a cinch to keep track of your cycle.

STURDY AND SAFE The hole in the back of the case is bigger, so you're less likely to crush a pill when pushing it out of the case.

The new Pill pack is available now. Ask your ob-gyn or pharmacist about it.

beauty

Makeup Find: the Mommy Kit

FINALLY, A BEAUTY REGIMEN designed with time-crunched moms in mind! Janet Paolucci, a New York City makeup artist, has created the Mommy Kit, a cosmetic set inspired by her "mom clients" who say they never have enough time to fix themselves up. The kit enables you to put a great face on in minutes, even on your worst, most unpredictable mornings.

WHAT IT IS The kit includes a triple-duty

cream-to-powder foundation that eliminates the need for concealer, liquid base, and powder; an eye pencil and a lip gloss that you smudge on with your fingertips; and a cream blush that you rub in with

your hands that doubles as eye shadow. WHY IT WORKS If you're a klutz when it comes to applying makeup, don't sweat it. Since the products are cream-based, they blend well and mistakes are easily correctable. Using your fingers as applicators is faster and gives you more control over what ends up on your face. Paolucci includes a how-to chart with each kit for the truly makeup-impaired.

The kit, \$28, comes in a variety of shades to suit different complexions. To order, call Gerard Bollei Salon at 800-BOLLEI2, noon to 6 p.m., ET,

Tuesday to Saturday.

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THE NEW WAY TO MANAGE YOUR MIGRAINE.

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girlfriend to girlfriend

No-nonsense, no-holds-barred mothering advice from a four-time veteran of the delivery room. BY VICKI IOVINE

STRETCHED TO THE MAX

DEARVICKI: Two years ago, I gave birth to the most amazing, beautiful baby boy. He was really big—9 pounds, I 2 ounces—and the term stretch mark does not even begin to describe what happened to my skin. I look like a Rand McNally Road Atlas from navel to groin! You've mentioned that laser surgery doesn't work for this problem. What the heck does, then? —Stretch Mark SOS

DEAR STRETCH MARK: What works are one-piece bathing suits and a total ban on shortie T-shirts and hip huggers. Let me add that your failure to include your breasts in your description of the physical casualties of pregnancy actually places you in the "not-critical" category of my maternity triage system.

Another thing that works is staying out of the sun. That's a good thing, since sunbathing ages your face. Besides, who in the world has any Coppertone moments once they become a mommy? I don't mean to be blithe here, Girlfriend, because I know that the two people whose appraisal is critical (us and our most judgmental girlfriend. Just joking. It's us and our hubbies, of course!) have after-hours viewing privileges. Speaking for myself, I just love it when my husband surprises me in the shower, but if I held my stomach in any tighter during those moments, I'd crack my ribs!

Putting aside the fact that we'd all feel better about ourselves if we could control our weight and have enough cardiovascular fitness to carry a toddler up two floors of a department store to the only women's rest room with a changing table, we women really must find a sense of peace and respect for our bodies as they move from babedom to babydom and beyond.

This isn't something I have handled yet, myself, but it's one of my biggest challenges. My goal is to recognize my stretch marks as the stripes of a hero who has shown bravery in action. In the meantime, if I hear about any cosmetic surgery breakthroughs, I'll get back to you.

TEARS IN HEAVEN

DEARVICKI: Ever since my mother died two years ago, I've made a point of talking about her to my son Jason so that he'll remember her. Lately, however, Jason—who is now 4—has started asking where Gran is. I tell him she's in heaven, but that doesn't seem to satisfy him. He's smart enough to ask the questions, but I think the real answers might be too hard for him to understand or handle. Can you offer any words of wisdom? —Heaven Help Me

DEAR HEAVEN HELP: My own darling, indomitable, and devoted dad

If you have a question for Vicki, mail it to Girl2Girl, Child Magazine, 375 Lexington Ave., New York, NY 10017, or you can e-mail her at childmail@childmagazine.com. All submissions become the property of Child.

died a year and a half ago, and I am struggling with these very questions in my home. At first, my kids responded more to my grief than to their own; they were sad when I was sad, and they felt rocked when I was distant or wrapped up in my own sadness. Recently, though, especially with the onset of a serious illness in another close family member, my kids have begun asking all sorts of uncomfortable or unanswerable questions: "How old will you be when you die?" "If Grandpa had stopped smok-

ing, would he still have died?" and "When you go to heaven, are you going to look old or will you look young and pretty?"

You already know how much I value the wisdom of my girlfriends, and once again. let me defer to someone who has an insight I respect. Journalist/mom Maria Shriver has written a book called What's Heaven? and its most exquisite gift is its reliance on the wisdom of children to figure out the unfathomable. It's always a tremendous relief for me to be reminded that the most profound questions of childhood can often be answered with the response: "I'm not sure, sweetie, what do you think?" Kids are so in touch with magic and miracles, they often have this whole thing figured out. Keep sharing your memories and conveying your loss, but don't think you have to figure out the universe for your children—that's their privilege.

HOLY WARS

DEARVICKI: When my husband and I married three years ago, we were more concerned about the fact that he's a Republican and I'm a Democrat than we were about our religious differences. Now that we have a baby, however, the "holy wars" have begun. His Catholic mother will not rest until our baby is baptized, and my Jewish mother would rather die than watch a priest sprinkle water on her grandchild. My husband and I are



stuck in the middle; all we do is argue. Who wins in this kind of situation? — "Bridget Loves Bernie" in Reverse

DEAR BRIDGET: President Clinton's "don't ask, don't tell" policy may be woefully misguided as far as the military goes, but it works like a charm for many of my girlfriends who are fending off religious wars such as yours. I have a dear friend who is Jewish and married to a Catholic. The Catholic grandmother took their baby daughter to be baptized (with the parents' consent, of course) in a very low-key ceremony that the other grandma and my friend gently declined to attend.

DEAR HOSTAGE: You don't say how old your little Jason is, but since you mentioned a diaper bin, I think it's safe to assume, based on my own potty-training experience, that he's under 10. From your tone, I'd guess this is your son's first or second sitter. Take it from me, after the third or fourth change of caregivers, we mommies learn that kids are stunningly resilient when it comes to change, as long as the change isn't with you.

I will never forget the time my first sitter failed to show up after the longest Sunday and Monday of my life. I sat on my front step with my 4-monthold in my arms, my eyes rimmed with

We women really must find a peace and respect for our bodies as they move from babedom to babydom and beyond.

Now all spiritual bases are covered with no feelings being hurt. It worked because it was a sensitive compromise.

Of course, this isn't the only time you'll face problems like this. Many, many differences of opinion lie in wait for you and your husband. Take time before the next big decision arises to talk about things that you feel strongly about, things that you're willing to negotiate, and beliefs that you would die for. This is a crucial time for the two of you to learn the generous art of acceptance and open-mindedness. Just wait, the always popular discussions about discipline are just around the corner.

WHO'S IN CHARGE?

DEARVICKI: Help! I'm the biggest wimp when it comes to dealing with my son's caregiver. She's great with Jason and he adores her, but I feel like she's taking advantage of me. She asks quite often for time off so she can see her doctor, deal with her landlord, and so on, and though it's hard to rearrange everything, I give it to her and don't dock her pay. She also forgets to do stuff that I ask her to do-like empty the diaper bin and tell me when Jason needs more milk. I guess that I grant her all she asks for and avoid criticizing her because I'm afraid she won't be as nice to lason otherwise. How do I show who's in charge without jeopardizing my child's happiness? —Home-Care Hostage

red and my hair standing on end, waiting for the reprieve Yolanda would bring. Unfortunately, she never showed, and I eventually wept myself to sleep. I could not believe that my child had been abandoned in this way.

Turns out, my little darling didn't even seem to notice Yolanda's absence. In fact, I overcompensated so much that he probably thought he'd won the lottery. Granted, as our kids grow, more explaining is necessary. But it's pretty amazing how they still think of mommy as the Sun Queen and the sitters as planets that are missed but, ultimately, have little gravitational pull. In the end, it's us moms who suffer the most in a nanny lapse.

It's so easy to turn over our authority to spouses, babysitters, and grandmas who seem to know so much more than we know, have so much more patience than we have, and who are so loved by our loved ones. And while there's nothing wrong with that, it has nothing to do with "mother love." Your baby may love other people and may even seem happier and more playful in their presence, but you are still his Greenwich mean time—the standard against which his heart's clock is set. Don't forget it.

You are responsible for setting the guidelines for your household and then making sure that everybody's on the

Cool fun for hot days

Are the constraints of motherhood leaving you yearning for Labor Day, when you can finally use the toilet alone again? Relax! Try making the most of summer's long, lazy days.

Tour places of wor-

ship. If you and your kids have had all you can take of the local zoos, museums, and arcades, try temples, shrines, mosques, and churches. They are generally quiet (or filled with soothing music or chanting), they tend to be cool, and you and your kids need to reconnect with your inner spirits every now and then. Mind you, you've got 10 minutes max before young kids get fidgety and start stealing hymnbooks and hospitality pencils, but try having a picnic lunch on the grounds where you can use your "outside" voices and talk about heaven, higher powers, and holiness. Do it now, while they still believe in

2 Swim laps. Put your tot (usually any child over 9 months and under 5 years) into one of those swim rings with seats and push him in front of you like he's your kickboard. You know you could use the exercise, and your child will get a kick out of his mommy-outboard, especially if she makes putt-putt noises.

the magic of the universe.

Teach your kids to wash the car. I'm not tossing child labor laws out the window—kids actually like to play with a hose and bucket of sudsy water.

Granted, you may end up at your local drive-through car wash anyway, but that's probably already on your big calendar.

A Send postcards to relatives.
Postcards are great for two reasons:
First, they have lovely pictures that your kiddie can select; and second, you can't possibly fit more than one or two sentences on them. In fact, your child might want to "write" the message himself, in wrich case you're in charge of only the scoressing, and you'll still get the credit.

Learn to belly dance. Believe it on not, experienced belly dancers are as sommon in most cities as chiropractors, and you'd be surprised at the reasonable lesson fees. Gather a group of girlfriends who, like the rest of us, have relied on control-top anythings more than they'd like to admit, and hold classes at one of your homes. Put the babies and Cheerios in the middle of the floor and dance around them. The music will soothe your child and stir the lusty animal in you.

same page about what needs to happen, and when. You must clearly describe the rules and requirements and keep explaining them until they are reliably followed. I've learned (over and over and over) that the failure of someone to meet my expectations has usually been a direct result of my failure to state my needs and expectations clearly and to follow up on them. It's not enough to say, "Please call me at the office if we need milk." You must also call home the next day to ask about the milk situation and then call again the third day. When you finally receive the milk call, let your sitter know how much her attentiveness is appreciated

and how important her supervision is to Jason's well-being.

That said, I feel it's important to remind us needful moms that our caregivers often have kids and needs of their own. Keep in mind how demanding your child's needs (and yours) can be, and cut your caregiver some slack when you can. With a little practice, you'll be able to tell the difference between being gracious and being taken for granted.

Vicki Iovine lives with her husband, Jimmy, and four children in Los Angeles. She is the author, most recently, of The Girlfriends' Guide to Toddlers. Any thicker and they'd have to be sold individually.

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My toddler bit his best friend!

I grabbed him and said "No!" in my meanest mommy voice—but I wonder if that was enough.

WHAT HAPPENED

"My 18-month-old son has started biting his best friend in playgroup. He bit briefly when he was teething-out of the blue, he'd give me or my husband a quick nip when we were holding him. That stopped almost as quickly as it began. But the first time he started in on his friend. I was so shocked, I screamed at him to stop. He did, but for that day only. He's still doing it, and the other mothers in the playgroup have excommunicated us until he stops for good. They act as if I'm raising an ax murderer, and I'm mortified. I try my best to keep my eye on him. and as soon as he even looks as if he's going to bite, I leap up, grab him, and say "No!" in my meanest mommy voice. One mother told me that when her older child started biting, she bit him right back. That sounds all wrong to me, but my approach isn't working so well, either."

WHAT THE EXPERT SAYS

"Many people think that biting a child back will give him a taste of his own medicine, but it's the wrong approach," says Patricia Henderson Shimm, associate director of the Barnard College Center for Toddler Development in New York City and co-author of *Parent*ing Your Toddler. "You're on the right track. As a parent, you should model appropriate behavior for your child—what you want him to do, not what you don't want. If you bite him back, you are also missing the opportunity to help your son tune into his feelings and to show him how he can communicate those feelings to other people."

is understandable, though, according to Shimm. "For most of us, biting conjures up all sorts of images of vampires and werewolves. That's why we're horrified when our child does it—and furious when our child is the victim," she says. In addition, parents often worry that a bite may need special treatment. Check with your pediatrician if a bite pierces your youngster's skin, becomes infected, or is on the face or genitals. (See "First Aid for

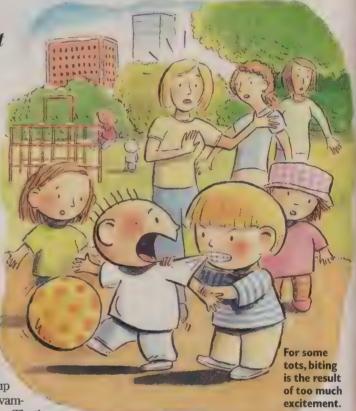
WHY DO KIDS BITE?

the Bitten," page 116.)

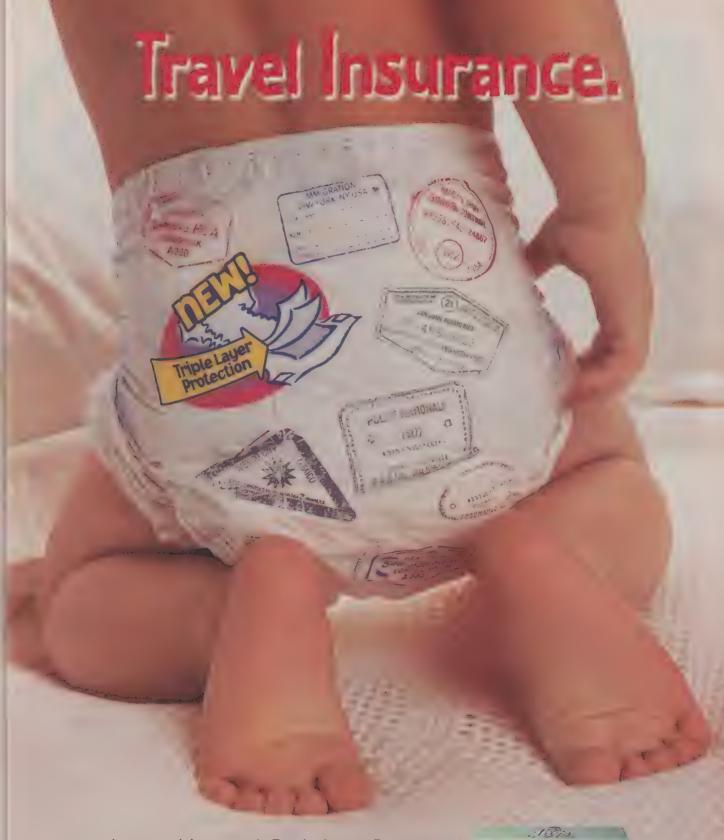
For infants, biting is actually a natural progression from sucking, gumming, and kissing. An 8-month-old will suck

a parent's cheek or shoulder as a way to kiss or be close. If he's starting to teethe, he may go for a little nip because it feels good, but there's nothing wicked about it. He's chomped on teething rings, stuffed animals, and toys, so he figures, what's the difference? Of course, since you don't want to encourage this type of experimentation, simply saying "We don't bite people; we bite food" should be sufficient warning at this young age. Repetition is key, Shimm adds.

Even at 18 months, your son may



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Look your child right in the eye and matter-of-factly say, "Biting hurts. I can't let you bite your friend."

bite for several reasons, none of them malicious. "Toddlers are a jumble of emotions, and they're just learning to curb their impulses," Shimm points out, "They may be overstimulated and excited, too. Think about all the new experiences, tasks, people, relationships, and rules they must deal with. No wonder they're easily frustrated." Some, particularly late talkers, bite because they don't yet have the words to express themselves. "Your child can't tell you he's livid because his playgroup pal grabbed the red Matchbox car out of his hand," Shimm notes. "So he may resort to biting."

IS TEMPERAMENT A FACTOR?

Temperament weighs in as well. Some children, like some adults, simply have a short fuse, and the rough-and-tumble excitement of playing with friends

First aid for the bitten

CHECK TO SEE IF THE BITE HAS PIERCED THE SKIN. If it has, run the skin under warm water, wash the wound with mild soap, and apply an antibiotic ointment and a loose bandage to the bite. You can take the bandage off at night to expose the wound to the air. Call your child's pediatrician if the area around the bite gets redder or more tender after one day—this may indicate an infection that needs to be treated.

CALL YOUR CHILD'S PEDIATRICIAN about a bite to the face or genitals, where delicate underlying tissues may be involved.

ONCE YOU'VE REMOVED THE BITER FROM THE BITTEN, use a little TLC to calm your child if he was the one injured. First aid for a bite should be emotional as well as physical. Provide your child with plenty of reassurance. A kiss and a hug may do the trick.

doesn't always bring out their better side. As with all negative behaviors, Shimm suggests that you play detective to see if you can uncover any patterns that might be triggering the biting. Does it happen when the playgroup gets especially large or toward the end of the play period? Try arranging for your child to visit one-onone for a while, and without hovering, keep an eve on him to head off trouble if it's time for a nap. Consider, too. whether he's responding to stress at home. Any changes in your normal routine—the arrival of a new baby or babysitter, a parental job change, a move to a new town-can upset your child, and biting may be the way he lets vou know. Once life settles down, and your family has established a new routine, the biting should stop.

If an inability to share seems to be at the root of your son's problems, keep working on that particular skill. ("Now it's Matt's turn to play with the car, but soon it will be your turn.") At the Center for Toddler Development, Shimm and her staff buy duplicates of the more popular toys to avoid potential problems while the children hone their socialization skills.

In addition, give your offender the benefit of the doubt—perhaps he was teased or provoked—but at the same time, emphasize that biting is never acceptable, nor is it the way to get what he wants. Short, firm reprimands work best, and hard as it is, don't overreact.

"Biters may be trying to get your attention, and the bigger your fuss is, the more they're inclined to continue," Shimm says. Calmly pick up your child, look him right in the eye, and matter-of-factly say, "Biting hurts. I can't let you bite your friend. I won't allow anyone to hurt you, and I won't allow you to hurt anyone, either." Shimm suggests repeating this message before the next playgroup gathering.

Meanwhile, you can divert your

child's attention with another toy and encourage him to communicate his feelings by letting him know that you care about them: "You're mad, aren't you, that Nicole took your doll?" or "I know you're disappointed, but *tell* Max you don't like him to push. Don't *bite* him." This acknowledges your son's feelings, helps him understand and label his own emotions, and gives him an alternative to biting his playmate.

Remember, too, how important it is to focus on your son's good behavior—when he shares his toys with others, when he shows concern for a buddy, when he handles a frustrating situation without biting. In fact, this also applies to situations in which you witness aggressive behavior—be it biting, hitting, kicking, or pushing. Youngsters who sense in some way that a parent isn't giving them enough attention may try to get it any way they can, and that includes using inappropriate tactics. In their mind, any attention is better than none at all. So be free with your praise.

As for the other mothers in your playgroup, while you should certainly apologize, there's no need to do penance for months. If you explain the steps you're taking to curb your child's biting, most parents will understand and appreciate your situation. If they don't, you might think about forming another playgroup. In time, all parents realize that our precious little angels don't always behave as perfectly as we may want them to.

Margery D. Rosen is a contributing editor to Child. She lives in New York City.



When I found out I was having a baby, I asked my friends a million questions.

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of an

My son's footprints,
I've learned, won't
always lead in my
direction. by Beth Levine

ill you watch Levi for me? I feel like going for a walk alone," I ask my brother. He is enthroned in a beach chair, surrounded by a herd of children who are digging a sandy hole to China.

He squints up at me. "Sure, what's one more?" he yawns. My 4-year-old son already has joined his cousins without a backward glance at me.

Every summer, my side of the family retreats to Martha's Vineyard, Massachusetts, for two weeks. In addition to my husband and child, there are my parents; my three siblings, their spouses, and kids; and various aunts, uncles, and cousins and their children. What brings the adults here like ants to a jelly doughnut? I'd be lying if I didn't mention the respite it gives us from being parents.

Back in real life, the rhythm of my days revolves around Levi. Who is watching him? Who is playing with him? Does he need a bath, a meal, a hug, a heart-to-heart? The biggest chunk of my time seems to be spent answering his unanswerable questions: "What would happen if we took all the cement and gravity in the world and pushed them to the center of the Earth?" or "What would happen if bunnies were invisible and every time you went outside, you stepped on one?"

I am not complaining. I adore our connection, and as for the constant questioning, I am tickled by Levi's

curiosity and creativity. But I so rarely and then everyone would join in a giant

curiosity and creativity. But I so rarely have time to be alone inside my head that I must admit after a long day of Levi's insistent wondering, I have the sensation of my brain shattering to bits.

Which is why I so look forward to playing hooky two weeks of the year; there is always someone to watch Levi when his father and I take off. Better still, we come back to a happy little boy whose sometimes overwhelming need for us has been momentarily forgotten in the hubbub of cousins and activities.

Last summer, however, something unsettling entered paradise. My first sign of it came after spending an afternoon with my 14-year-old nephew, a boy I once was able to crack up just by saying, "Yakety yak, don't talk back!" I asked him on a whim, "Do you think we're really cool aunts and uncles, or are we just old farts to you?" I didn't really consider what he'd say because, of course, we *are* cool. We bike, in-line skate, bodysurf, wear jeans and T-shirts, listen to great music. But when I looked at my nephew, his embarrassed face told me he didn't agree.

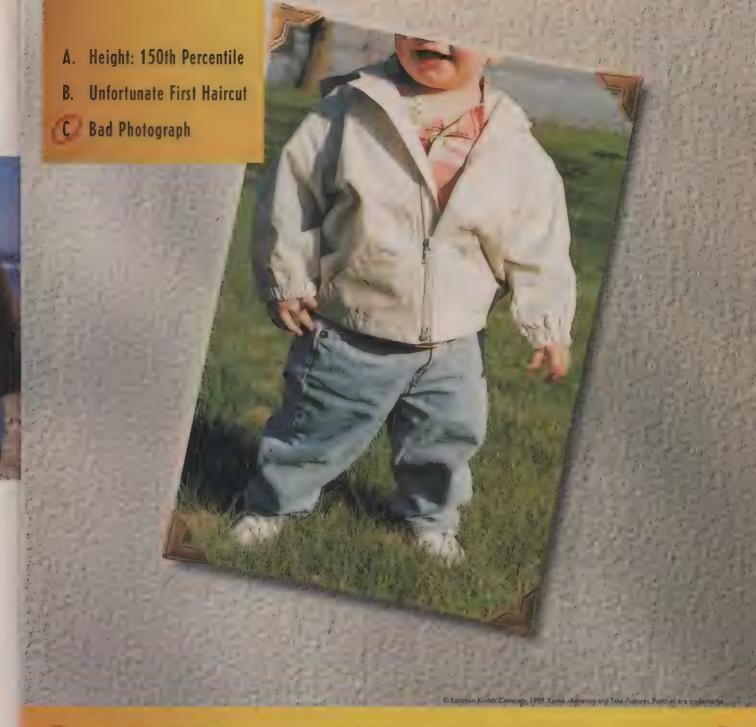
I was pulled up short a second time one evening after we had organized a barbecue. In years past, we would eat

game of Duck, Duck, Goose. But the older kids were starting to hit their teens, so we'd switched to softball or kite flying. After this particular dinner. however, I glanced around and saw the 14-year-old and the two 12-year-olds drifting off down the road and over to the beach. The sullen slope of their shoulders, the way they jammed their hands into their pockets, the irritated way they looked back when we called to them made it clear: no adults allowed. I realized, with a shock of recognition, that instead of us trying to get away from them, they were trying to get away from us.

I took my eyes off the empty horizon to look down at my son—my baby, who still wanted me with him, who didn't think I was a dweeb—yet. He was asking me, "What would happen if frogs were chameleons and the chameleons didn't like that? What would happen, huh?"

I hadn't a clue. But I did know that this question deserved serious consideration, and I was willing to ponder it with Levi for as long as he'd let me.

Beth Levine lives in Stamford, Connecticut, and often writes on parenting issues.



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Got a picky eater?

Welcome to the club. Try these tips for getting your child to eat something on his plate. by Mindy Hermann, R.D.

ow do you define picky eating? Let us count the ways: refusing certain foods, eating only one or two foods, resisting eating at all. If your child exhibits any of these behaviors, the following tips should improve the situation. And if he's been an easygoing eater so far, this advice will help to keep him that way.

Introduce a new food again and again. Most kids take time to adjust to new foods. If your child refuses one at first, try again a few days later. According to a study at the University of Illinois at Urbana-Champaign, you may have to serve a food up to 10 times before your child will try it.

Allow enough time for meals. Some "picky eaters" are actually just slow ones. A study at Children's Memorial Hospital in Chicago found that kids who were described by their parents as picky were not necessarily fussy in the eyes of the researchers—they simply took longer to eat. So set aside an extra 15 minutes for meals. Hurrying your child could make her dawdling worse.

Cut down on bottle- or breastfeeding as your child eats more food (at around 6 to 8 months old). Kids who drink too much formula or breast milk can seem fussy because they don't have much room in their stomachs for food. So offer food first at mealtime, and then breastfeed or offer a bottle. And remove your child's bottle before he falls

child.link Log on to www.childmagazine.com to check out our *Picky Eaters' Cookbook* (click on "Food") for some kid-pleasing recipe ideas.

asleep. "Children who don't need a bottle to fall asleep may give up their bottle sooner and may be more enthusiastic about

solids," says William Wilkoff, M.D., a pediatrician in Brunswick, Maine, and author of *Coping With a Picky Eater*.

Try to feed your child only when she's sitting down. Stand-up eaters can become all-day snackers, who become picky at mealtime because they're not hungry. If having your child sit down to eat is impossible because you're on the go, schedule snacking for a specific time—don't permit continuous nibbling. Let your child eat the same food over and over, if he so desires. Without a word from you, your child is likely to tire eventually of a food he's been eating nearly exclusively. One of my sons ate peanut-butter-and-jelly sandwiches every day for about a month. Now he almost never eats them. Although it's not ideal, kids generally won't develop nutrient deficiencies even if they don't eat entire categories of foods (such as fruits or grains) for a few weeks.

Don't make the table a battleground. Fighting with your child over what she will and won't eat creates negative feelings about eating, which can lead to pickiness. Also, fighting gives your undivided attention to your child; she learns that refusing to eat is a good way to have Mom and Dad all to herself. So say nothing about it if your child does not want to eat (hard as this may be to do). She may start eating on her own if you don't get worked up. If she does become disruptive, take a deep breath, gently pick her up, and temporarily move her away from the table. Keep in mind that some kids have small appetites. Researchers at the University of Calgary, in Alberta, Canada, found that a majority of preschoolers who were brought to the doctor because their parents felt they weren't eating enough actually had a normal appetite. Their parents just expected them to eat more. Dr. Wilkoff says the average toddler or preschooler eats one and a half to two meals a day—not the three meals adults expect them to eat.

Don't pass your own food hang-ups on to your kids. Try not to be overly neurotic about your own diet or weight, particularly when your children are around. A British study found that kids who were dangerously underweight tended to have moms who were strict dieters. So, if all you're allowing yourself to eat is cabbage soup, your child may not eat very well, either.

Relax about how much your child eats. Pushing him to eat will only increase the chances that he will become fussy. One mom told me that she was pushy with her first child, who became a picky eater. She was calmer with her second, and that child is a great eater. The lesson: Let your child decide what and how much to eat.

Mindy Hermann, R.D., is Child's nutrition editor and the mother of two.



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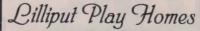


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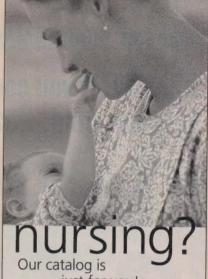
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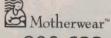
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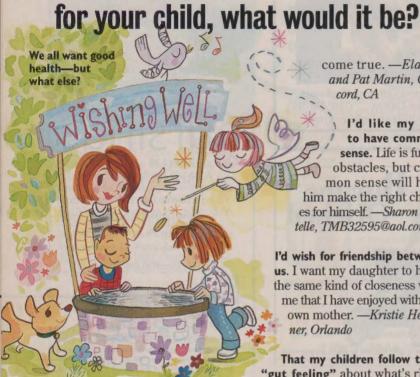
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REKE

signs of family life from our readers

parent poll If you could have one wish

I'd wish for my daughter to find happiness in the day that has passed and to look forward to the day to come. -Karine Williams, Bronx, NY

That my son will know when to keep his eyes and ears open and his mouth shut! -Joe Daudish, Westchester, IL

We'd give our son what he's always wanted: a little brother or sister. It's hard for him to understand that Mommy and Daddy have infertility problems and that all wishes can't come true. -Elaina and Pat Martin. Concord. CA

I'd like my son to have common sense. Life is full of obstacles, but common sense will help him make the right choices for himself. -Sharon Battelle, TMB32595@aol.com

I'd wish for friendship between us. I want my daughter to have the same kind of closeness with me that I have enjoyed with my own mother. -Kristie Hershner. Orlando

That my children follow their "gut feeling" about what's right and remember tomorrow is another day to correct things, in case they were wrong. —Cassandra Bennett, Poulsbo, WA

I'd wish that my two children are never the victims of discrimination, and that they never discriminate against others who are different from them. - Jennie Stever, Santa Fe, NM

I hope that my son will always feel the love and support of his parents to follow his dreams, wherever they may lead him. -Kathy Olson, Calgary, Alberta, Canada

Calling All Morns and Dads! Answer this question: What are your best tips for encouraging your child's reading habits? Send submissions to: Back Talk, Child, 375 Lexington Ave., New York, NY 10017; or e-mail us at backtalk@childmagazine.com. Please include a phone number. We pay \$50 for written items published on this page. (Sorry, we can't return your submissions.) All responses become the property of Child and may be edited for publication.

bloomers



Andrew D'Angelo, 6 mos., Boxborough, MA.

► Vanessa, 4, and Alberto Torres, 2, Fort Worth.



Christian Juncaj, I. Livonia, MI.

Kailani Rhoads, 15 mos., New Braunfels, TX.



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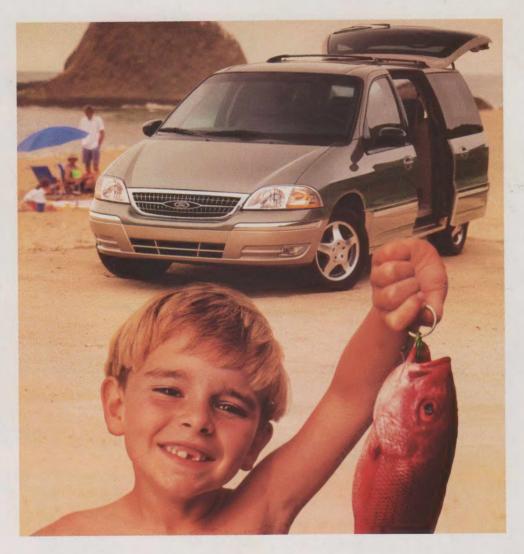
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